VR A15 (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

O1 14 0

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give nearest town)	// Annough
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Annapolis  (d. STREET ADDRESS  (e. IS RESIDENCE
	ON A FARM
Anne Arundel General Hospital	25 Bunch St. YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Walter \\/\/\/\/\	ADAMS DEATH February 2 1962
TY/ TE/ BIV	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
M-3	last birthday) Months Days Hours Min.
Male   Negro   WIDOWED X DIVORCED      Do. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	Feb. 24-1909   52 yrs.
done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Bar Tender	Maryland U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Adams	Henrietta - Hebron
	INFORMANT Address
Yas, no, or unkown) (Ifyesgivewerordatesofservice) 214-05-0801 Ch	arles G. Adams - 16 Carver St. Anna, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) 3d (c).]	ar les de Addits - la Carver Ste Airia, ma
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CCUG TULL	may 2 dema 3hr
DUE TO 1	0 / 1 4 - 1
Conditions, if any, which \ (b) Myocarde's	I infareling ? x 3h.
gava rise to immediate cause	
(e), stating the underlying causa last,	1. to (1/1) 5m.
10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING  CAUSE OF DEATH OF LETHER, NOTIFY MEDICAL EXAMINER!	D. (Entar natura of injury in Part I or Part II of itam 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm, ', 20f. (City or town) (County) (State)
Thou a.m.	tory, straet, office bldg., atc.)
saw the deceased alive on	t death occured atM, from the causes and on the date stated abov
22a. SIGNATURE	
Trememolisher	ATTENDING MED. STAFF PHYS. A DIRECTOR PHYS.   STAFF  2.2.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) Frank M. Shipley	121 Cathedral St., Annapolis, Md.
REMOVAL (Specify)	
Burial Feb. 5-62 St. Marys	Annapolis, Md.
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C.E.Hicks 111 Annapolis, Maryland	DATE FEB 13 62 Crainer S. Fireus

118 6 911 all largestime ,=11. of the same as Tuble S Teffacts doros - sude innel all the first of the control of the course of the the restriction, it views . M. aleganak . . . Salesbout De Lite DELLE Steb. 5-02 St. Henry Antalogates, and a second C.L. Hicks 111 Annayolfs, and held

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01437	CERTIFICA	TE OF DEATH		(	114;	90	
n. PLACE OF DEATH a COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W a. STATE Maryland	here deceased	b. COUNTY	on: Residenc	e before adm	ission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rate limits, write RI	JRAL ond gi	ive nearest to	wn)
Glen Burnie d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	Few minutes oddress)	d. STREET ADDRESS	rnie	Tresta i		e. IS R	ESIDENCE A FARM?
		Route 2 Bo	x 847				□ NO □
R. NAME OF DECEASED First (Type or print) Firmmett Swindel A	Middle rmstrong	Lost	4. DATE OF DEATH	Mon Febraúar		Day th	Year 19 62
6. COLOR OR RACE 7. MARE	IED NEVER MARRIED	8. DATE OF BIRTH		<ol> <li>AGE (In years lost birthdoy)</li> </ol>	IF UNDER	YEAR IF UN	IDER 74 HRS
0a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired)		STRY TI BIRTHPLACE (STON	3/00 ar foreign co	61 yrs.	12.CITI2	ZEN OF WHA	TCOUNTRY
	s Factory	Baltimore	Md.			USA	
S. FAITER'S NAME		14. MOTHER 3 MAIDEN	MAINE				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17, II	NFORMANT	STAR.	Addr	ess		4-1
		rs Jennie Le	c (dar	ighter)		Livingovia	
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED 8Y:	ne for (o), (b), and (c).]					ONSET AN	ID DEATH
Canditions if any think	tral Insuffici	en¢cy				7	
gove rise to immediate couse (a), stating the under-lying couse last.			5,15%				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS O	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Par	I II of item 18.)			
- <u></u>	Not while fo	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City	or town)	{C	aunty)	(Stote)
21. I certify that (I) (this haspital) attends saw the deceased alive an 2/6/62	led the deceased fram. 19, and that						
220. AGNATURE Sustan A Par	cher Duy	ATTENDING	AED.	STAFF PHYS.  2	17/62		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Gustave H. Faubert	.M D	22d. ADDRESS Glen Bt	rnie.N	/d.	, ,, ,,		
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/10/62	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCA	TION (City, tawn, o	Md.	(S	tate)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGIST	0	STRAR'S SIG		
JOHN F. DENNY, INC.	715 Light S	t30 DATE		E CIN	thun S. 1	/ LAULA	E7.1 (0

may be retained by the hospital or ottending physician. **D FUNERAL DAKECTOR:** After this certificate has been signed by the ottending physician and campletely filled in bingge 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to buriol, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL Moy be retal VR A15 (4) 1SM 9/59

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

0155510 the state of the s AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR 是是一种,我们就是一个人,我们就是一个人,他们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就 THE PERSON NEW YORK AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERSON 

PRESTON STREET, BALTIMORE 1, MARYLAND funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY the day RUNDEL MARYLAND by the and deat b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) NWAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES -NO L ENERAL completely NAME OF 4. DATE Day Month Year DECEASED OF DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. and last birthday) Months Days Hours WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NONE APOLI NONE 13. FATHER'S NAME ding GRORGE ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war ogdetes of service) GEORGE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: z-3anys IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO PX 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OF CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19.6 That (1) (we) last 21. 1 certify that (I) (this hospitel) attended the deceased from....... saw the deceased alive on....... ATTENDING. 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, CEMETERY OR CREMATORY 0.48 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 Christ S. Thank

24 hours after

within

executed

OF HEALTH

15:11 The trace of the same of the same of the same

# VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01439 CERTIFICATE OF DEATH 01422

a. COUNT	F DEATH	. 4 . 1				2. USUAL RESIDEN	CE (Where d	ecessed lived, If b. COU		sidence be	fore admission)
	ne Aru			MARYLA		Maryland			Ltimore	. W	
writa l	RURAL and gi OWNSV1	utside corporata limit va nearest town) 11e	ts,	c. LENGTH OF STAY		Baltimor		oorata limits, writ		give neare:	st town)
d. NAME	OF HOSPITAL	OR INSTITUTION (i	f not in hos	pital, giva straat address	)	d. STREET ADDRESS				0.	IS RESIDENCE
		lle State	Hospi					1 Avenue	Э	YE	ON A FARM?
3. NAME C DECEAS		First		Middle		Last	4. DATE	Mont	h	Day	Year
(Type or p	(tnine	Ell	a	W.		Bazemore	DEATH	2		13	19 62
5. SEX	6	. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8	DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.
Fem	ale	Negro	WIDOWE	DIVORCED [		September 11				Bys Ho	
done during	OCCUPATION most of working	(Give kind of work	d) IDb. KI	ND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (Coun	ity & State, or	foreign country)	12. CITIZ	EN OF WH	IAT COUNTRY?
	nown		"			Florid	la		U	S.A.	
13. FATHER'S	NAME					14. MOTHER'S MAIDEN	NAME				
Whit	t Wats	on				Unk	nown				
15. WAS DEC	EASED EVER	N U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.	17. I	NFORMANT		Address			
NO NO	nkown) (Ifye	sgive war or dates of se	ervice)	Unknown		Hospital Rec	cords				
18. CAT	USE OF DEA	TH [Enter only one	cause per li	ne for (a), (b), and (c).]							L BETWEEN
PAI		VAS CAUSED BY:		Hypostat	ic	Pneumonia				ONSET A	AND DEATH
50	2 2 1	DUE TO			-						
Condition	ns, if any			Senility	r du	e to Chronic	Brain	Syndron	ne		
	to immediate	cause	1	Denizat oj	a.c.	0 00 011101110		- Jirazor		-	
	ng the unde	rlying DUE TO							77	1	
cause las		) (c)_		TRIGITAL C TO DEATH	117 110	T RELATED TO THE TERMIN	IAL DICEACE	COMPLETION	The the Baby s	1 1 10 11	AC ALITOROV
O PARI	I II. OTHER SI			-			NAL DISTASE	CONDITION GIV	EN IN PAKE		ERFORMED?
5						and Uremia				YES	NO X
PART OP CONT (IF EITHER	FRIBUTING CAR, NOTIFY MI	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURED	(Entar nature of injury In I	Part I or Part I	l of item 1B.)			
0	E OF INJURY our a.m. p.m.	Month, Day, Yee	While			CE OF INJURY (Home, farmory, street, office bldg., etc.		y or town)	(Count	y)	(State)
21. I ce	ertify that	(I) (this hospit	al) attend	ded the deceased	from	1/29	1962, to	2/13	, 19.6	2, that	(I) (we) last
saw the	e deceased	alive on	2/13	19.62 Nanc	that	death occured 6:3	D.M. fron	n the causes	and on th	e date s	tated above,
22a. SIG		1 1/1	1011	111	11						22b. DATE
	X	1 x / 1/1/1	CH 81	12411 191	BM.	DUING THE D	MED. DIRECTOR	T PHYS.		21	14/62
22c. PHY	SICIAN'S	mary	Volume		7/ 1	22d. ADDRESS	_				14/01
NA.	ME (Type)	Lionel N	McHenr	y Mapp, M.	D.	Crownsvi	lle St	ate Hos	pital,	Maryl	and
23a, BURIAL,	(Specify)	23b. DATE THER	EOF .	MOUNT CEMI	ETERY	OR CREMATORY	23d. LOC	ATION (City, to	114	121	(State)
24 FUNERAL	DIRECTORS	SIGNATURE	918	ADDRESS H-	11/	1	TR 2 3 '6	TRAR 25b. RE	other S.		
TI	HANG	reace	110	A. d. W.	11	The louis	8 23 0	4	Joseph M.		

VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	01440		CERTIFI	CAT	E OF DEA	HTA			Reg. D	019	42:	3
o. COUNTY Anne	Arundel		MARYLAI		o. STATE Mar	e (Whe		b. COUNTY				sion)
b. CITY OR TOWN (IF RURAL and give neo	outside corporate limi irest town) ye G. Mead		c. LENGTH OF STAY IN		c. CITY OR TOWN		tside corpo Burnie		RURAL ond	give ne	arest fow	1)
d. NAME OF HOSPITA OR INSTITUTION KI BROUGH	L (If not in hospitol, g ARMY HOSE		oddress)	1	d. STREET ADDRE	-	even	Road				FARM?
3. NAME OF DECEASED (Type or print)	Fir FI	st RED	Middle		BIRD		4. DATE OF DEATH	Februal		12		Yeor 1962
Male Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED   ED. DIVORCED	_	26 Feb	1878		9. AGE (In years last by thday) yrs.	Months	Days	Hours	ER 24 HR
0a. USUAL OCCUPATION during most of working Retired	N (Give kind of working life, even if refired	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	New Yo		r foreign co	ountry)	12. CI1	USA	FWHAT	OUNTRY
3. father's name Unknow	m			1	4. MOTHER'S MAID	EN NA						
15. WAS DECEASED EVER (Yes, no, or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	Son	Lt Col I	Edwa	ard B	ird (Ret	ress red)	San	ne as	ite
PART I, DEATH	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	Cox	ne for (o), (b), ond (c).] dio vascular	aco	cident					INT	ERVAL BE	TWEEN
Conditions, it any gove rise to im couse (o), stating th	mediate (	Art	erioscleroti	.c ca	diovasc	ulai	dise	ease			Unkno	own
ECATION OF THE CATION OF THE C			CONTRIBUTING TO DEATH						VEN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
OR CONTRIBUTING [	CAUSE OF DEATH											
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of war	Nat while		OF INJURY (Hame, r, street, office bldg		20f. (City	or town)		(County)		(State
21. I certify that alive an	at I attended the	deceas _, 19_ UL	VOI 11 OITH.	eath ac	, 19 <u>62</u> ta	15 A		the causes ar treet, city or town,		e date	e stated	d abave
PHYSICIAN'S NAME (Type)	RAFAM A.	PERE	Z-MERA, Capt	. , M	.C. KAH	Ft	Geo G	. Meade,	Md.			***
220. BURIAL, CREMATION REMOVAL (Specify)	2-14-196		Clen Have	- 0	REMATORY erna temp	2	Cler	TION (City, town,			(Stot	1
	SIGNATURE Hom	e (	Plen Brenis	2	md. DATI		BY REGIST		STRAR'S S			

INSTANCE. The same of the sa

# FOR STATE HEALTH DEPT. your files. ector. Page is necessary, TO DEPUT. EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours death.

VS. A1SME SM 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01424

1. PLACE OF DEATH  o. COUNTY		2. USUAL RESI	DENCE (Where			nce before e	dmission)
4 . 4	MARYLAND	Same		Same	ITY		
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH	OF STAY IN 16	c. CITY OR TO	WN (If outside co	prporete limits, write	RURAL and give	neerest tow	n)
write RURAL and give nearest town) Glen Burnie 5 ye	ars	X Same					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stru		d. STREET ADDI	RESS			e. IS RE	ESIDENCE
Box 134 Salley Rd.		Same					A FARM?
	Aiddle	Last	4. DATE	Month	Day	Yeer	
(Type or print) Grace Dorworth Bowdoin			OF DEAT	H Februa	yy 13th.	. 19	62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER	MARRIED 8.	DATE OF BIRTH		9. AGE (In years		-	
		10/8/77		84 yrs.	Months Deys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN	NESS OR INDUSTRY	1 11. BIRTHPLACE	State or foreign	country)	12. CITIZEN	OF WHAT C	OUNTRY?
done during most of working life, even if retired)  Retired housewife		Pennsyl	lvania		u USA		
13. FATHER'S NAME	1	14. MOTHER'S MA			<u></u>		
Lewis O. Mosher		Bertha Sh	noemaker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECT	URITY NO.   17. II	NFORMANT	1001101101	Address			
(Yas, no, or unkown) (Ifyes give wer or detes of service)	Man	. Laurence	Boudoi	n (con)			
NO NONE   NONE   NONE   18. CAUSE OF DEATH   Enter only one cause per line for (a), (b)		. Laurence	3 DOMOOT	11 (5011)	LIN	TERVAL BET	WEEN
DART I DEATH WAS CALISED BY		2 1.			O	NSET AND	DEATH
IMMEDIATE CAUSE (o) General	l Arterio	scierois			_	-	
DUE TO							
Conditions, it eny, which (b)							
gave rise to immediate cause (a), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS A	UTOPSY RMED?
TY .							NO 10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JURY OCCURED. (En	nter neture of injury i	in Pert I or Part II	of item 18.)			
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. While Not While Not Whom p.m. 19	nile facto:	CE OF INJURY (Home ery, street, office bldg		lity or town)	(County)		(Stele)
21. I certify that I took charge of the remains descri	ibed above, hel	d an Autopsy	Inspectio	n 📆 Inquir	y X, and	d in my o	pinion
death resulted from: Natural causes , Accide	ent . Suicio	de , Homic	ide 🗍 . L	Indetermined m	anner		
	^ /	CHIEF MEDI	CAL EXAMINER	П			
ACTUAL GUSTAVE X Faules	Sul		MEDICAL EXAM			DATE SIG	NED
SIGNATURE SIGNATURE	1000	M.D.	DICAL EXAMINE	0	/14/62		
examiner's NAME (Type) Gustave H. Faubert, M.D.			reet, city, town,		len Burn	ie,Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME	OF CEMETERY OR			ATION (City, town	, or country)	(Stet	e)
Burial Feb. 16, 1962 Park	cwood Cem	netery	Balt	imore, M	ld.		
23. FUNERAL DIRECTOR ADDRES	SS	24e.	REC'D BY REGI	STRAR   24b. REG	ISTRAR'S SIGNA	TURE	
Wm. Cook, Inc. 1217 St. Pall	1 St.	DAT	FEB 1 9	62 C.	vilun S. Ku	all	
		, DAI					

COLUMN TA MEN Mineral Park . Lei be well my ! need the law above the AND SUPPLY THE THE THE PROPERTY AND ADDRESS AND ADDRES

# FOR STATE HEALTH DEPT. TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundation of the control of the control of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. VS. A15ME

5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11442				OT.	2.64	
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDEN	ICE (Where	decessed lived, If			e edmission)
A A 3 - 3	e. STATE		b. COUN			
Anne Arundel Maryland	Same			Same		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	(If outside co	rporete limits, write	RURAL end g	jive neerest t	own)
Severna Park 16 Y.	Same					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					RESIDENCE
0	1 0				YES	N A FARM?
Cypress Creek Road  3. NAME OF Middle	Same				1	NOK
3. NAME OF First Middle DECEASED	Last	4. DATE	Monti		Dey Y	169
(Type or print) Paul T. Rowen		DEAT	H Wohman	o+h	1	9 62
	. DATE OF BIRTH	1	9. AGE (In years	y 9th.		ER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED   8			last birthdey)	Months De		
M WIDOWED DIVORCED	12/25/04		57 yrs.	7110111113	73 110013	Willia.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign c	ountry)	1 12. CITIZE	N OF WHA	COUNTRY
done during most of working life, even if retired)						
Automobile Dealer HUTO MOBILE	Cavenaugh			USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
George W. Bowen	Mellie	Crum				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT		Address			
(Yes, no, or unkown) (Ifyes give wer or detes of service)						
No. Mo	rs.Dorothy H:	ilda B	owen (wi	fe.)		
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]					ONSET ANI	ETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlus:	ion				ONSET ANI	den
14 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
DUE TO						
Conditions, if any, which (b)						
geve rise to immediate cause						
(e), stating the underlying						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO						FORMED?
					YES	NO X
ZOe. EXTERNAL CAUSE WAS     PRIMARY ☐ or CONTRIBUTING ☐     CAUSE OF DEATH.	nter neture of injury in Per	rt I or Pert II	of item 18.)			
	CE OF INJURY (Home, farm ory, street, office bldg., etc.		ity or town)	(County	)	(Stete)
Hour e.m. While Not While facts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"				
	Id an Autonou D	1	. Tale 1	(বল)	1.	
21. I certify that I took charge of the remains described above, he	id an Auropsy	Inspection	n Inquir	y X, a	and in my	opinion
death resulted from: Natural causes K, Accident , Suici	ide , Homicide	, U	ndetermined m	anner		
	CHIEF MEDICAL I	EXAMINED [	7			
ACTUAL Gustave At suberfull.						
SIGNATURE SUSTANDE A SUCHER MIC.		OICAL EXAM	NER		DATE S	GNED
EXAMINER'S	DEPUTY MEDICAL	L EXAMINER	TX 2/	9/62		
	Address (Street,	eity town o		- 4		3
22e. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY		ATION (City, town,	len Bur	TITE IN	te te }
		01		7. 20011117)	113	2 1
Dungs 2-13-62 Ellen Haven	- Cew,	M	en De	unce	. , /	ud
23. FUNERAL DIRECTOR ADDRESS ADDRESS	24e. REC	D BY REGIS		ISTRAR'S SIGN		-
20216	160 -	n 1 3 '6	- 0	Thun S. 96		
18/14 & Harrango - Slugue la	MA DATEFE	BIS	And I			

with the west of the board of the contract of Action of the property of the same of the same

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Talbot MARYLAND the 12 by th 131 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Crownsville 1 mo. 2 days Easton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T Crownsville State Hospital completely 3. NAME OF Middle Last 4. DATE Month Day DECEASED OF 1962 Branch DEATH 19 (Typa or print) Maggie and comp carbon pa nt, within IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX st birthday) Months March 10, 1883 Female Negro WIDOWED DIVORCED physician e remove 10a. USUAL OCCUPATION (Giva kind of work ever 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratirad) Virginia U.S.A. Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Nelson Branch Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (If yes give war or dates of service) Hospital Records physician. Unknown Unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one causa per line for (a), (b), and (c).] ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a) has been signe e burial-transit DUF TO Conditions, if any, which gava risa lo immediata causa DUE TO (a), stating tha undarlying PHYSICIAN: the hospital or this certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION PERFORMED? as of Chronic Brain Syndrome Associated with Arteriosclerosis NO X nse 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After I Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, streat, office bldg., etc.) Not While While MEDI at work at work OR ATTEND ay be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 1/17.........., 19.62 to 2/19........., 19.62, that (I) (we) last 19.62 and that death occurred a 9.6.45%, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF 20/62 X DIRECTOR PHYS. PHYS. M.D. death. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Crownsville State Hospital, Maryland L. Benedict, M. 23 LOCATION (City, town or county) (Stata) 23c NAME OF CEMETERY OR CREMA ORYO ANTI-23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) ÷ OL 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 15M 9/60 5 '62

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after

within

executed

death certificate

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. countyalto. a. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sunset H ill Anna polis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? retained ne State B Anne Arundel General Hospital 2797 Yarnall Road YES NO 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) HAROLD PRT TTON DEATH February 14 62 D. 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED with 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | B. DATE OF BIRTH IF UNDER 24 HRS. may 2 wit last birthday) age 5 may 1 and 2 wil 72 hours Months Hours and Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 done during most of working life, even if retired) Baltimore, Md. U.S.A. Rating Clerk Gas & Electric Co. within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Britton Ressie M. Whennen File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yas, no. or unkown) [ (If yes give war or detes of servica) with Mrs. Dorothy M. Pike-2797 Yarnall Road-Sunset 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Intoxication. IMMEDIATE CAUSE (a) DUE TO Offi Conditions, if any, which gave rise to immediate cause us 10 DUE TO (e), steting the underlying as causa last. used IOU, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Pe word YES X NO Medical **EXAMINER: This** plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Ran hose from exhaust pipe into auto. writing to Chief / Page 3 s to buria 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) 62 at work et work X St. Margaret prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inquiry and in my opinion Inspection 0 Ö lease execute the certific should be forwarded to PUNERAL DIRECTOR CI death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE /15/62 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Charles S. Petty M.D. Add Address (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 240 g Raltimore Parkwood Cemetery Burial 24e. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME ----- L. / Marie 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH

Tangot TELL State of The Control of the contract of the state of th

MA	KILAND STATE DEP	AKIMENI OF	HEALIN
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE , MARYLANI
01445	CERTIFICATE	OF DEATH	01429

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate Rhits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Annapolis 32 hours	RURAL - Churchton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Anne Arundel General Hospital	ON A FARM? YES \( \sum \text{NO} \)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Richard Earl	BROWN DEATH February 13 1962
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED XX	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOWED DIVORCED	February 12, 1962 last birthday) Months Deys Hours 8 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Newborn	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Earl JOHN	Barbara Lola BROWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (Hyes give war or dates of service)	INFORMANT Address
(100) III of alliantiff (II) of all all all all all all all all all al	Hospital records
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRYAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Prematurity - 26 v	onset and DEATH
	reeks gestation,
DUE TO	
Conditions, if any, which geve rise to immediate cause	lorrhage.
(a), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
LES	YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter neture of injury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
The same of the sa	tory, street, office bldg., etc.)
	Fob 12 162 . Feb 13 1062 (1) (1773 L
	Feb. 12, 1962, to Feb. 13, 19.62 that (I) (3/36) last
	t death occured atM, from the causes and on the date stated above.
22e. SUCHATURE	ATTENDING MED. STAFF 22b. DATE
X done 11 ( 10 min 1 1 July )	A.D. PHYS. DIRECTOR PHYS. 2/13/62
222. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Lionel McH. MAPP, M.D.	20 Dean St., Annapolis, Md.
23e. RURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
PULLEY 7eb 14. 1969 Holland Cer	netery churchton, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADARESS OA	1 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I to Standarte tom Gavarulle	NLO DATE FEB 1 9 '62 Corthur & Kroue
L' / Howard Com	The state of the s

president to the state of the s Marie Control Control Control . which will be a first produced from ALON SERVE HOLL TRUCK The state of the light and the

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE 表した Anne Arundel MARYLAND Maryland Anne Arundel by the c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 24 write RURAL end give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Anne Arundel General Hospital YES NO V 610 Second St. (Eastport mpletely executed 3. NAME OF Middle 4. DATE Yeer DECEASED (Type or print) DEATH 19 George February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR pue last birthdey) Months Days Hours WIDOWED TY DIVORCED Male Sept. 16. 1872 89 Negro physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Marvland U.S. attending ph Then please r 13. FATHER'S NAME 14. MOTHER 5 removal. (Yes, no, or yakowh) (Hyes give we ror dates of service) attending physician. as been signed by the 18. CAUSE OF DEATH (Enter only one cause per light for (a), (b) and (c) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CATION as PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nelure of injury in Part I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH After this detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour am at work et work DIRECTOR: 220. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERA 22d. ADDRESS ector, 23d. LOCATION (City, town or county) NAME OF CEMETERY OR GREMATORY (State) 23a, BURIAL, CREMATION, | 23b. - F & TO SS. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR **ADDRES** VR A15 (4) 15M 7/61 Cirthun & House

the first the first the first the appeal and a controlled the first the first that the first the second first the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01432 haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTYPINE b. COUNTY Arundel MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort corge G. Meade 5 hrs 25 Baltkmore min d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5216 Cromarty Road YES NO KIMBROUGH ARMY HOSPITAL 2. NAME OF First Middle Lost 4. DATE Month Year filled ges 1 DECEASED OF DEATH CALDWELL FEBRUARY 1062 (Type or print) GARY MICHAEL S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Hours 9 Feb 62 Can DIVORCED [ Male WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 00 Ē Nora Isabel Evers with Robert Caldwell WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Father Same as item 2. death 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā Unknown PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Prematurity 5 hrs 25 mi þ Canditians, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Doy, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while ot work at work p. m. 9 Feb 19 62, that (I) (90% last 9 Feb 23. I certify that (I) (INCOMESTICAL Kattended the deceased fram. and that death accurred at 8:00, from the causes and an the date stated above. 1962 saw the deceased alive an 220. SIGNATURE 22b, DATE Feb 62 SIGNED ATTENDING PHYS. STAFF PHYS. MED. M.D. Board 22c. PHYSICIAN'S 22d. ADDRESS pinou BERNSTEIN, Capt., M.C. HOSPITAL Kimbrough Army Hosp Ft Geo G. Meade. Md FUNER/ 23g. BURIAL CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (Stote) poge the Sto REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS. 250. REC'D BY REGISTRAR arting S. Kraus 1SM 9/S9

SCREEN THE REAL PROPERTY AND ASSESSMENT OF THE PARTY OF THE PART

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1433 01448

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  e. STATE b. COUNTY
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Annapolis	// Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	59 Shaw Street YES NO L
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF 10 CO
nachel	Calvert February 2 762
7. MAKNED	8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HRS   Last birthday)  7.1 yrs.  7.1 yrs.
	2/17/01
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	
13. FATHER'S NAME / 1	Maryland U. S. A.
Romar Miller	Ellen m. neal
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INSORMANT Address
Yes, negorunkown) (If yes give wer or dates of service)	Josnith records M. Semno 57 Show
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Desicaley C	american / Cearte ONSET AND DEATH
4 SIX DUE TO PARTY	Am.
with I	
Conditions, if eny, which gove rise to immediate cause	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?  YES [7] NO [7] YES [7] NO [7]
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While at work at work	nory, street, office ordy., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19, to
saw the deceased alive on	at death occured at
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
au / Cettr	M.D. PHYS. DIRECTOR PHYS. 2-3-62
22c. PHYSICIAN'S NAME (Type)  Dr. Anic T. Allen	22d. ADDRESS
Dr. Aris T. Allen	Cathedral St., Annapolis, Md.
236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY  BEMOVAL (Specify)  1-6-1962  PAGE  PAGE  1-6-1962	or CREMATORY (230 OCATION (City, town or county) (System)
FUNERAY DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
William Perett Imaca	DATE FEB 9 '62 Circhary S. Thank

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNT a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 within 24 OR INSTITUTION (if not in hospital, giva streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 4. DATE Day Month DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE A MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY most of working lifer even if retired) 13. FATHER'S NAME = and à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yas giva war or datas of servica) 18. CAUSE OF DEATH [Enter only ona cayse par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immadieta cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20b. DESO IBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, (Stata) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., atc.) Hour a.m. Not While at work at work DIRECTOR: p.m. to 3-13- 1962 that (1) (we) last 19..... saw 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22c. FUNER. CEMETERY OR CREMATORY LOCATION (City (Stata) town or county) 0 9 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) FLINERAL DIRECTOR'S 15M 7/61 arthur 1

RYLAND STATE DEPARTMENT OF HEALTH

1 . 113 The state of Latin and Antonior of Latin and Antonior and the Contract of t

VR A1S (4) 1SM 7/61

•	Į
 or use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should	prior to burial, cremation, or removal, and in any event, within 72 hours after death
papers. Page	n 72 hours
e carbon	ent. within
se remove	n any ev
hen plea:	i and i
permit. I	or remov
 irial-fransit	cremation,
is the bu	o burial,
or use a	prior t

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01435 01450

ľ	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Res	idence before edmission)
	A A MARYLAND	a. STATE b. COUNTY	5
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	rive neerest town)
	write RURAL end give nearest town)	VALLERAN	
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	The second secon	G. STALL ADDRESS	ON A FARM? YES NO NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
	(Type or print) Alice MARSHALL	CLARK DEATH 2	26 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YE last birthday)  Months   De-	
	- WIDOWED DIVORCED	6/26/98 63 yrs. Months De	ys hours mill.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZE	N OF WHAT COUNTRY?
	TEACHER School-teacher	1230 re M. 7.	2
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	BLT at H Marshall	LIEZIF Burnham	
7		NFORMANT Address	
	(Yes, no, or unkown) (If yes give war or dates of service) 29037980 MI	Rs Marie Scott Churchton M	10.
	1B. CAUSE OF DEATH  Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	-celusin	ONSET AND DEATH
	Tagal DUE TO		
	Conditions, if eny, which	Poten Dinear	3 men.
	geve rise to immediate cause		
	(e), steting the underlying DUE TO	V	
	(c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/	e)   19. WAS AUTOPSY
	D T 10 - T	The province places condition of the in that the	PERFORMED?
	S Chemical Crear	uz	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  Describe How Injury Occured,  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm,   20f. (City or town) (County	(Stete)
	at all at a last	pry, street, office bldg., etc.)	
	7 2 2	16 -710 - 7. 26 106	2 11 1 (1) (1) 1 1 1
	21. I certify that (I) (this hospital) attended the deceased from		rnar (I) (we) last
	saw the deceased alive on	death occured at.I.T.M, from the causes and on the	22b. DATE
	Frankersternly M.	ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS.	2 . 27 . 22
	22c. PHYSICIAN'S NAME (Type) Frank M. SAIPLEY, M.D.	121 Cathedral St., Annapolis,	Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY ( REMOVAL (Specify)  2/23/62  123c. NAME OF CEMÉTERY ( 12	DR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
1		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	CNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DAMAR 7 62 Orthur S. th	
	( several y the	DAIR	

11 11 1 ... TOTAL Y SENDUNDE HEES STAFF FOUR PRILLES 

6		1	
150	1		1
			1
- 7	-		
,	-		1

	MAKILAND STATE DE	PAKIMENI OF HEA	LIM
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
U1451	CERTIFICAT	E OF DEATH	et, baltimore 1, maryland 01436

V	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission)
	Anne Arundel MARYLAND	Maryland b. county Anne Arundel
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Annapolis	// Annapolis
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
1	Anne Arundel General Hospital	2 Acton Place YES NO LA
	3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) William Albert	CLARK DEATH February 13 19 62
4	7. MAKRIED [M HEYER MAKRIED [	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
		Feb. 12, 1896 72 yrs.
	10b. KIND OF BUSINESS OR INDUSTR' dong duling most of working life, avan if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Tharmaist phy store	Maryland U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Florge n. Clark	Cima V. Lownew
	(Ver an en unhamm) v/figure signatures debuggiers	NFORMANT () Address
		elen M. Clark
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	6 dr.
	DUE TO O	11 1
	Conditions, if any, which (b) Whendy	d artenorcheroni yn.
	gave rise to immadiate causa (a), stating tha underlying DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	CAT	YES NO XX
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	。(Enter nature of injury in Part I or Part II of itam 18.)
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ory, streat, offica bldg., atc.)
	21. I certify that (I) ithis costing attended the deceased from	7-12- 1962 to 2-12, 19 (2 that (1) (see) last
	saw the deceased alive on 2-12 192, and thet	death occured atM, from the causes and on the dete stated above;
g	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	frendetallentes M.	DING V DIRECTOR DUNG
	22c. PHYSICIAN'S NAME (Type) D & M 41 41 1 1 (1/18)	22d, ADDRESS
	FRAMER IN SPIPEY	Musjon ny
	230 BURIAL, CREMATION, 1236. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY (23d. LOCATION (City, town or county) (Stata)
	12 mual 2-15-1962 Cedar 10	eluff Com amapoles ma
1	24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1	John 19. Voly at The Strongford	DATE FEB 1 6 '62 arthur & troug

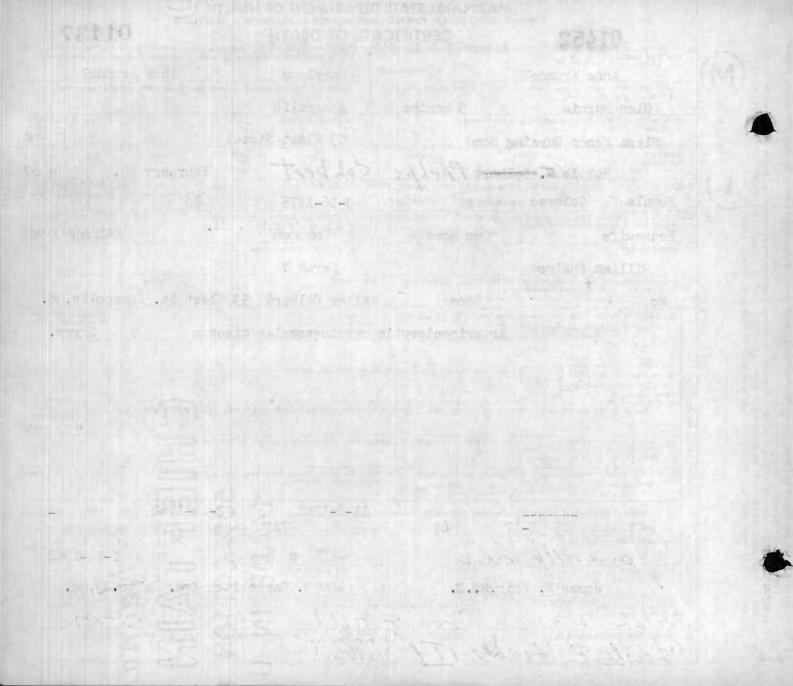
(4/17 11)				
formal same			Lisbania on	
	atternus		810 100	
		in the	Aktoon Egyandi Jaharja enth	
State of the state	and the same of th	draw	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
				1
	511.51			
×	06:			
	A DESCRIPTION OF THE PERSON OF		and the training which	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 21150

01437

ULTUE TA	me 17 2 70 1147	- 0308 3/0/69		01101
1. PLACE OF DEATH g. COUNTY	D100 44 C 46 T44	2. USUAL RESIDENCE (When	re deceased lived. If institution: Re	
Anne Arundel	MARYLAND	Maryland	b. county Anne	Arundel
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL	
RURAL ond give neorest town) Glen Burnie	3 months	10 Annapolis		
d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION		53 Fleet St	treat	ON A FARM? YES NO WH
Plaza Manor Nursing H	Middle	1		
(Type or print) Hattie 4 - Colbe	rt Phelps	Colbert	OF February	24, Year 19 62
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS.  nths Doys Hours Min.
Female Colored WIDOV	VED 🛃 DIVORCED 🗌	3-16-1875	last birthdoy) Mai	nins Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	Own home	STRY 11. BIRTHPLACE (State of Anne Arund	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
William Phelps		Sarah ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	None V	Walter Colbert	53 Fleet St. A	nnanolis Md.
1B. CAUSE OF DEATH [Enter only one couse per		14401 0010010	77 - 2000 000 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		anneld amaganlas	a dd maa ma	ONSET AND DEATH
IMMEDIATE CAUSE (a)	teriosclerotic	cardiovascular	. ursease	? yrs.
Tala DUE TO				
Canditions, if any, which gave rise to immediate (b)				
cause (a), stoting the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
ZA ZA				YES THO W
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f. (City ar tawn)	(County) (Stote)
Haur a.m.  P. m.  19  Whill  two	e Nat while fa	ctary, street, affice bldg., etc.)		
		77 0 7067	ta 2-24-1962	
21. I certify that (I) (this baspital) after				
saw the deceased alive an 2-17	) 19.02., and that a	death accurred at 1.15.	M, fram the causes and ar	
220 SIGNATURE	^	ATTENDING MED	D. STAFF PHYS.	2-24-1962 22b. DATE SIGNED
James 110. for	$\sim$		ECTOR PHYS.	2-24-1902
22c. PWSICIAN'S		22d. ADDRESS		1 00 1/1
James M. Pair,	Mg.D.	400 N. Cari	rollton Ave. Bal	to.23,Md.
23g. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify)  2 - 27 - 62	Brewlet	OR CREMATORY.	23d. LOCATION (City, town, or could ANNA BOLA	unty) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS an	may get a	BY REGISTRAR 256. REGISTRAL	
TOMAS CITTER	1 1 1 1 1)6	regland DATE MAI	8 2 '62   0.0.	The state of the s

VR A1S (4) 1SM 9/S9



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- TO -	- 7	CERTIFICATE OF DEATH U1430
Ag is		1. PLACE OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	M)	a. COUNTY A A CO MARYLAND a. STATE Wal b. COUNTY A A CO
y t		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)
er er		Cumbers TONE X CUMBERSTONE Md
ely fill rs. Pe hours aff	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
apers 72 h		3. NAME OF DECEASED A / First Middle Last 4. DATE Month Day Year
carbon papers.	* )	(Type or print) Aluin OWEN CULLEMBER SR. DEATH Jeb 7 1967
d d		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Jast birthday)   Months   Days   Hours   Min.
and carb		May 23, 1894 67 yrs.
physician s remove		10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ysic		FARMER - LOTHIAD MA USA
se r		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
d ear		JAMES INILLIAM COILEMBER MARGARET MARCA
thend en pl		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address
The aft		(Yas, no, or unkown) (Ifyesgivewarordatesofservica) 213-22-1842 Alven Owar Cullember 18. Cumber tone Me
Ter re-		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  ONSET AND DEATH  ONSET AND DEATH
Der Per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EL CULMINA / hambers Implim
gne		DUE TO OT I I A DII II.
seen signe ial-transit cremation		Conditions, if any, which (b) (Mhanselin tie CIVI Alistas) ms
ss beer burial-t		gave risa to immediata causa
as g	3	(a), saming the underlying
the base		(6)
as to	1)	PERFORMED
certifi r use prior		
		ZOa. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH  UNDERSTANDING ☐ CAUSE OF DEATH  UNDERSTANDING ☐ CAUSE OF DEATH  UNDERSTANDING ☐ CAUSE OF DEATH
ffer this ched fo Health		
ffer che Hea		20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
efa of		Hour a.m.    Whila   Not Whila   factory, street, offica bldg., atc.)
D. de d		21. I certify that (I) (this hospital) attended the deceased from Such S., 1967 to 745, 1967 that (I) (we) last
E P		saw the deceased alive on 1/2 k / 62-19 and that death occurred at 2.3M, from the causes and on the date stated above
RE lou		22a. IONATURE 22b. DATE
3 st		ATTENDING MED. STAFF SIGNED
		22c. PHYSICIAN'S  22d. ADDRESS  PHYS.   PHYS.   PHYS.
UNERA stor, page led with t		MAURICE F. KLAWANS, MD
FUNI rector, filed		238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
P die		REMOVAL (Spacify) Feb 12 1962 Mt Zion Cemetery Lothian Md
A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 256. REGISTRAR'S SIGNATURE
M 9/60	ax:	TA Hardesty ton Galesville Med DATE FEB 19'62 aren 8 there
	the.	in proceeding with the second of thems

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 24 NNapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO mpletely 3. NAME OF Day Middle Month Year DECEASED OF (Type or print) DEATH 23 1962 and cor 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) Months WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) done during most of working life, even if retired) cyse wife 13. FATHER'S NAME attending ph Then please i oval, and in a WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unfown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRUNCHO- PNEUMOW, A IMMEDIATE CAUSE (a) TERMIN AL DUE TO BRONCHOGENIC CARCINOMA Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from FEB 2 ..., 1962 to FEB 22 ....... 1962, that (I) (we) last 1962, and that death occured a 1990, from the causes and on the date stated above. saw the deceased alive on FED DIRE 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 ELINERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

. P . ( ) Johnson Sulla (M) Marick H. Emwant 763 x3 Female White 6 True 1906 35 established marghant these Herseline Com Home Ada Me Tilter Eugene Ford HODE Makerell Emmons Jane go = THE SHARM AND THE STREET STREET, STREE THE CARE STATE OF THE PERSON ASSETS THE STATE OF THE S Certain Stanfolder for Button a 37 total 1982 That low language of Markensece - 30 Km The second the second of the s

*		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MATYLAND CERTIFICATE OF DEATH
e funera	M)	1. PLACE OF DEATH  o. COUNTY  Anne Arundel  MARYLAND  2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) b. COUNTY  Anne Arundel  MARYLAND  Anne Arundel
24 hour by the land 2		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
vithin vithin	63	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
cuted wit		Anne Arundel General Hospital   Rt-4, Box-203 (Cape St. Claire)   YES   NO DECEASED   A DATE   Month   Dev   Year OF   DECEASED   The Property of Party   The Property   No Decease   No De
and com		5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Months   Deys   Hours   Min.
certificate physician are remove ca		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Superintendant (ret.) Institution Maryland  U.S.
e attending ph Then please r		13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT    (Yes, no, or unkown)   (Ifyespivewerordalesofservice)
The law requires that attending physician. as been signed by the burial-transit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause  (e), stating the underlying cause lest.
HYSICIAN: ne hospital or is certificate to for use as the	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO INTERPORT OF PORT II OF
TDING Prined by the Jetached		20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 4 work 5 et work 6 et work 7 et work 8 et work 9 e
Pagental OR ATTEN Pagental Properties NER CORRECTOR. NER CORRECTOR. Tr. page 3 should be determined by with the State Dept.	9	21. I certify that (I) this respirate attended the deceased from Jan. 23,
TO HOSPI Adeath. Par Adeath. Par ISW 2/91	3	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BUI 1 6th Feb. '62  LOTTaine Park Cemetery Baltimore, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Children Complete

MARYLAND STATE DEPARTMENT OF HEALTH

410



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01441

L	11456 CERTIFICATE OF	DEATH
		RESIDENCE (Where deceased lived. If institution: Residence before, admission)
	G. COUNTY HNNE HRUNDEL MARYLAND G. STA	MARYLAND 6. COUNTY A.H.Co.
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CIT	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL, HUNAPOLIS X VIV	RAL, HUNAPOLIS
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AWARDON'S BLUD.	REET APPRESS DHUNAPOLIS BLUD.   C. IS RESIDENCE ON A FARM? YES   NO IX
-	3. NAME OF First Middle	Lost 4. DATE Month Day Yeor
	(Type or print) ANNA EW	ING DEATH 2 2 1962
T	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF	
1	WIDOWED DIVORCED 10-	23-1885 76 yrs.
1	during most of working life, even if retired)	IRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY
	HOME HOUSEWIFE	MARYLAND U.S.
1	13. FATHER'S NAME	HER'S MAIDEN NAME
	GEORGE CHATT	ARIA HUSTATT
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no of unknown) (If yes, give wor or dates of service)	VALTER R. HARTKE #2
Ī	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nsufficient ONSET AND SEATH
	DUE TO	1/ 1/1/10
	Conditions, if ony, which) (b) Cuterio Sclerolic	Heart Malore / 1
	gave rise to immediate cause (a), stating the under.	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'S PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED	YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter no OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	ture of injury in Port I or Part II of item 18.)
1	To the OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY OCCURRED	
	20c. TIME OF INJURY Month, Day, Yeor Hour a.m.  19   19   19   19   19   19   19   19	, office bldg., etc.)
	21. I pertify that (1) (this hasping!) attended the deceased from 10.1.	3, 1965 to Jel 2, 1965 that (1) (we) los
	1 1 1 30 -16	curred at 5-M, from the causes and an the date stated above
9	22a. SQN TURE	A 22b. DATE
	M.D. ATTE	NDING MED. STAFF. SIGNE
	22c. PAYS CIAN'S AME (Type) 22d.	ADDRESS
	JUMMES KI /YARTIN 6	SHAW ST, MNAPOLIS, MD,
f	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOGATION (City, town, or county) (State)
	BURIAL 2-3-62 St. MARYS	HUNAPOLIS MO-
	22 FUNERAL DIRECTOR'S SIGNATURE APPRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	John Jeg Tor isons Churapoles, 199	DATES 5 '62 Chilles S. France

1410 CAMPAGE OF THE STATE OF THE STA The state of the s

₹ 1 0.	MARYLAND STATE DEPARTMENT OF HEALTH
1	01457 CERTIFICATE OF DEATH 01442
wurs after a funeral by the funeral	1. PLACE OF DEATH  • COUNTY  ANNE Arundel  2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidance before admission)  a. STATE  ANNE Arundel
in 24 ho in by these 1 and after death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  write RURAL and give nearest fown)  ARROLL (Limit for in hospital OR INSTITUTION (if not in hospital, give streat address)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)  d. STREET ADDRESS  e. IS RESIDENCE
etely in parts of the control of the	A.A. GENERAL HOSPITAL  ARNOID POR  S. NAME OF Month Day Year  OF Month Day Year
be executed and completely carbon papers.	(Type or print)    Color Or RACE   7. MARRIED   NEVER MARRIED   8. DATE OF 8/RTH   9. AGE (In yeers   If UNDER 1 YEAR   If UNDER 24 HRS.   Iast birthday)   Months   Days   Hours   Min.
certificate be physician and stemove carb any evention	108. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. OF CHICAGO ILLINGIS WSA
ending phenger of and in and i	JOHN V. FAY TOA OCEA BYRON
that the n. the atter the atter iit. Then emoval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordefesofservice)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
requires i physicia signed by nisit perm	PART I. DEATH WAS CAUSED 84: IMMEDIATE CAUSE (a) Myocardial Infarction  Tommediate  Due to
The law attending as been burial-tra ial, crema	Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.  (b) Arterio Cardiovascular Disease Veaus,  (c)
PHYSICIAN: he hospital or nis certificate h for use as the th prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CONTRIBUT
eal eal	
ATTENDIN De refained k CTOR: Afte ild be defact e Dept. of H	20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  p.m.  19  20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, ferm, factory, streat, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 1961, to 3ch 1962, to
OR AT	saw the deceased alive on JAN 26 1962 and that death occurred at 1.1.2M, from the causes and on the date stated above.  22a. SIGNATURE  ATTENDING PHYS.  ATTENDING PHYS.  DIRECTOR PHYS.  Fible, 196
HOSPITM ath. Page FUNERAL ector, page filed with th	22c. PHYSICIAN'S 1 NAME (Type) Taye W. Allew 62 Cathedral St Annapolis Md.
Sec. Fee	238. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown or county) (State)  BURIAL Specify 2/9/62 OAK LAWN BALTO. CO. MD.  24 ENNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	George W. Hoffmann 3218 HUDSON STDATE FEB 9 62 Couling & Kines

TORN V FRY TE INCOME BYKEN VE TO DELLEVE OF MET CREATURE OF SELECTION O

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits. MARYLAND Marvland County Anne Arundel Co. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give negrest town) 5 Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Annapolis d. STREET ADDRESS . IS RESIDENCE retained for he State Boar ON A FARM? Anne Arundel General Hospital YES NO ar death. If any de and 3 to the funer 1 Monticello Avenue 3. NAME OF DECEASED Middle OF (Type or print) DEATH ADDISON FINK 1962 February 27 MIN. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED DIVORCED X Aug. 27, 1916 Male 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? Page 1 done during most of working life, even if retired) Meat Cutter Retain store Baltimore, Md. USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank J. Fink Josephine Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) Yes Mr Thomas J. Fink - Son - Same ad # 220 09 6527 1NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along burial-transit 2 ONSET AND DEATH IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO Conditions, if any, which (b) gave rise to immediate cause "pending" DUE TO (e), sleting the underlying the certificate, writing the word "pendin warded to the Chief Medical Examiner" nsed cause lest. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. 99 PERFORMED? YES TO NO 4 Chronic Pulmonary Emphysema

5 | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert | or Pert || of item 18.) plnods 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. ECTOR: Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy |X| Inspection Inquiry and in my opinion death resulted from: Natural causes XX Accident Suicide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) NAME (Type) HOWARD G.

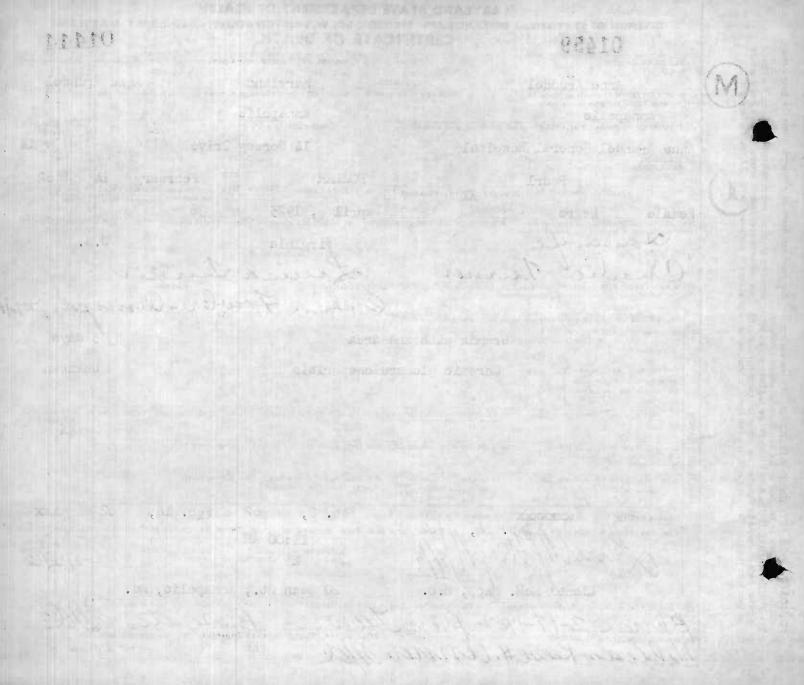
22e. BURIAL, CREMATION, 22b. DATE THEREOF SHAUB M. D. Addi Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 6 P40 March 2,1962 St. Mary's Cemetery Burial Annapolis Maryland
240. REC'D BY REGISTRAR | 240. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME 2 162 5M 9/60 DATHAR Annapolis. Md. Cally & House

RYLAND STATE DEPARTMENT OF HEALTH

66610 Principle with the Principle of the Prin The Courses I have all Brown S. 17 S. Pary to a province of the control of . Sec. attominu = New Marcha galaryini MARYLAND STATE DEPARTMENT OF HEALTH

01459 CERTIFICATE OF DEATH 01444

1. PLACE OF I	DEATH		2. USUAL RESIDEN	CE (Where decei			nce before e	dmission)	
e. COUNIT	A A A	MARYLAND	Maryland Anne Arundel						
b. CITY OR T	Anne Arundel OWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	That y teams the second						
	RAL end give nearest town)		10 Annar	alia.					
	napolis		d. STREET ADDRESS				l a IS DI	ESIDENCE	
d. NAME OF	HOSPITAL OR INSTITUTION (if not	in nospital, give street address;	d. SIREET ADDRESS					A FARM?	
Anne Art	undel General Hos	pital	14 Do	rsey Dri	ve		YES	NOXX	
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Da	y Yeer		
(Type or print	Pearl		FOWLER	DEATH	Febru			62_	
5. SEX	6. COLOR OR RACE 7. M.	ARRIEDXX NEVER MARRIED   8	. DATE OF BIRTH	9. 4	GE (In years   est birthday)	Months   Days	Hours	24 HRS.	
Female	Negro	OWED DIVORCED A	pril 8, 1925		36 yrs.	Months Days	nouis	Mill.	
10a. USUAL OC	CUPATION (Give kind-af work   1	Db. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Coun	nty & Stete, or lor	eign country)	12. CITIZEN	OF WHAT	OUNTRY?	
done during mo	st of working life, even it retired)					TT	0		
000	ousewife		Virginia			U	.S.		
13. FATHER'S N	AME () . // 1		14. MOTHER'S MAIDEN	1					
(h	artil Ju	rner	Louis	w V	urs	ren			
	SED EVER IN U.S. ARMED FORCES?		NFORMANT		Address		0		
(Tes, no, or unko	own) (Il yes give war or dates of service	0	216 20	Tares	01.1	2		Gen	
1 18 CAUS	E OF DEATH [Enter only one cause	per line for (a) (b) and (c) )	arane	170200	00-	word	VERVAL BET	VEEN F	
	I. DEATH WAS CAUSED BY-					9	SET AND		
17.1	IMMEDIATE CAUSE (6) Uremia with anasarca 5								
5	DUE TO								
Conditions,	il eny, which (b)	Chronic glomerulo	nenhritis				Unknow	m	
gave rise to	immediate cause	DILL DILLE OF OUR WALL	, and part in our						
	the underlying								
cause last.	) (c)		- 001 4 200 200 200 200	NIAL DISTASS CO	NIDITION CIV	Chi thi DARY 1/-1	10 14/45 4	LITOREY	
O PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMIN	NAL DISEASE CO	MDITION GIA	EN IN PART I(e)	PERFC	RMED?	
CAT							YES XX	NO 🗌	
OR CONTRI	BUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of	item 18.)				
	NOTIFY MEDICAL EXAMINER)								
2Dc. TIME (			CE OF INJURY (Home, farm		town)	(County)		(Slete)	
Hour	1	While Not While lect	tory, street, office bldg., etc	:-)					
	p.m. / 17		Fob 0	1-62	Pob 1/	10 62		70706	
21. l cer	tify that (I) (ONSCHOOLS()								
saw the	deceased alive on. // 100/	14, /19 62, and that	death occured at	M from t	he causes	and on the	date state	d above.	
22e. SIGN	ATURE / / /////	0. ////					226	. DATE SIGNED	
	www I Mr	ly /1/8/h		MED. DIRECTOR	STAFF PHYS.		2/11	1/62	
22c. PHYSI	CIAN'S	15/11	22d. ADDRESS					4/ 0%_	
	(Type)	Mapp, M.D.	20 Dean S	St., Anna	anolis	Md.			
		TER J		23d. LOCAT			7 2 15	1	
23a. BURIAL, C		23c. NAME OF CEMETERY	CREMATORY	230. LUCAT	1 CITY, TOV	( county)	MIN	77	
Burn	al 2-11-198	or panel	unvi	Bulo	Ma	C- 0	MICK	-	
24. FUNERAL DI	DECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRA					
niol	1 am Kelso#	Ilmmai	DATE	FEB 1 6 '	32	Christing S.	Thank		
VUNCU	100001	0000000	10			-			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after shoul 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY a. STATE Anne Amindel MARYLAND 2 NVC 12g by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO completely NAME OF 4. DATE First Middle Month Dev 1 a st DECEASED (Type or print) DEATH 1962 Gardner February and cor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) The law requires that the death certificate be Months Days Male White WIDOWED T DIVORCED February physician 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Annapolis. Maryland 13. FATHER'S NAME please MOTHER'S MAIDEN NAME = attending physician. Robert Gardner Barbara Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or dates of service) Hospital records permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Premature IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying certificate has PHYSICIAN: the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? as 0 prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] र् OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this etached MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. OR ATTEND
hay be retained
DIRECTOR: at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from.......... 19.62, and that death occured at 5.12.M, from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) Francis I. Codd Severna Park, Md. rector, filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. TURIAL, CREMATION, 236. DATE THEREOF 0.42 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) Cirthur S. Thous 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

Year

Min.

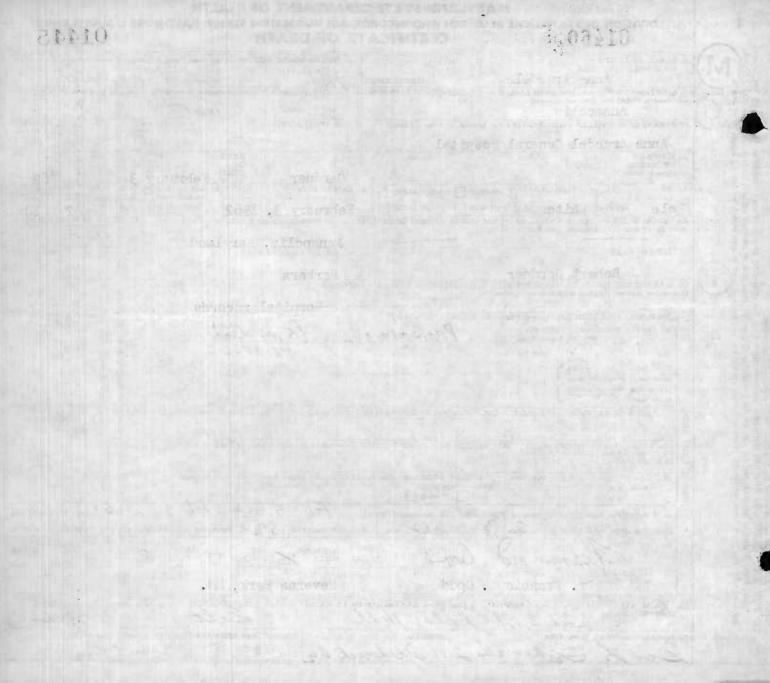
NO [

(Stete)

22b. DATE

(Stete)

SIGNED



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

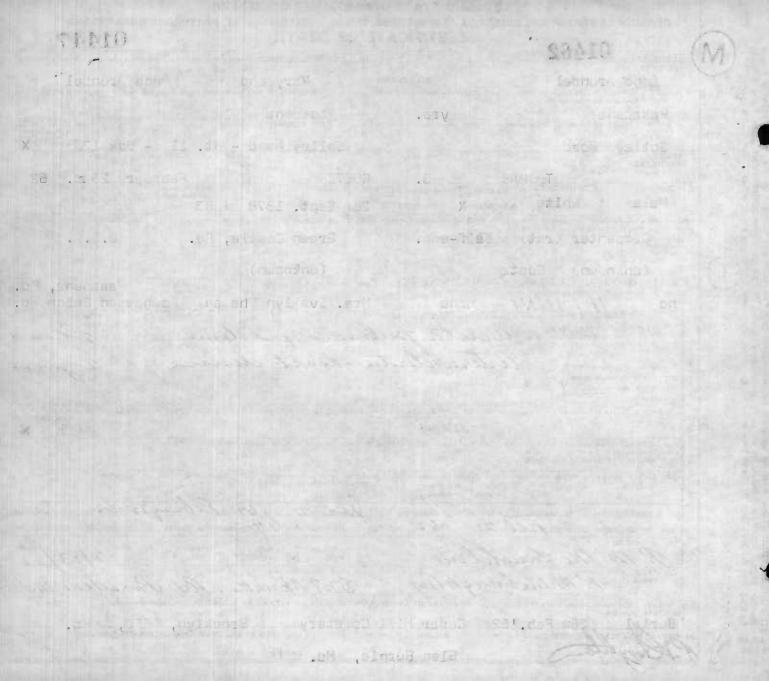
0144	
1714541	

1. PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE)  b. CITY OR TOWN (If outside corporate limits, write or LENGTH OF STAY IN 1b  C. CITY/OR TOWN (If outside corporate limits, write or LENGTH OF STAY IN 1b  A. NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE)  C. CITY/OR TOWN (If outside corporate limits, write or COUNTY)  A. NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION  A. STREET ADDRESS	a.
d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	a IS PESIDENCE
	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Samuel Middle Marrier DEATH  4. DATE OF DECEASED OF DEATH	Day Year 3 1962
Male Col WIDOWED DIVORCED 7-7-1882 Igst Stribgoy) Months Day	
Calluda Maryland U.	OF WHAT COUNTRY?
13. FATHER'S NAME (INKNOWN)	n
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) (If yes, give wor or doles of service) (If yes, give wor or doles of service)	od Mel
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  O  O  O  O  O  O  O  O  O  O  O  O  O	NTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	14
couse (o), stoting the <u>under-</u>   lying couse lost.   Cc   Cc   Cc	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  200. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH USE THERE, NOTIFY MEDICAL EXAMINER	PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Mile Not while of work of work of twork of two twork of two	nty) (Stote)
21. 1 certify that (1) (this hospital) attended the deceased fram. 21.7 1961, ta 21.3 , 19.62, saw the deceased alive on 1/31 1962 and that death occurred atM, from the causes and on the deceased.	that (I) (we) last ate stated above.
220. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) STBO-RSSUCK 22d. ADDRESS UN apolis. La &	9
0,3	
230. BURIAL CREMATION, 23b. DATE THEREOF  PREMOVAL (Specify)  23c. NAME OF CEMETERY OR CREMATORY  PREMOVAL (Specify)  PREMOVAL (Specify)	m misspate

(1)

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Anne Arundel MARYLAND the day Maryland Anne Arundel by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) === Pasadena Pasadena UIS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? THES NO V Road Solley Road Box letely 3. NAME OF First Middle DECEASED (Type or print) DEATH GOETZ February 9. AGE (In yeers | IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthdey) and Months Dave Hours WIDOWED A DIVORCED Sept. 10a. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Green Castle, Pa. U.S.A. self-emp. Carpenter (ret 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME that the death (unknown) (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Pasadena. Md. (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs. Evellyn Shawen Powhatton Beach Rd. none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? nene NO N CERTIFI 20e. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) Month, Dev. Year (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Fell 21 1962, and that death occured at A.M. from the causes and on the date stated above 22e. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR M.D. director, page be filed with 22d. ADDRESS 22c. PHYSICIAN'S 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) Feb. 162 Cedar Hill Cemetery Brooklyn 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEFEB 2 8 '62 15M 9/60 Cathar S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) a. COUNTY a. STATE b. COUNTY the d MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give naarast town) Pasadena yrs Pasadena e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS ON A FARM? Bayside Beach Drive Bayside Beach Drive YES X NO 3. NAME OF 4. DATE Year Middle DECEASED OF (Type or print) DEATH 62 Feb 19 Harry Hancock 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH NEVER MARRIED 7. MARRIED last birthdey) Months Days Min. Hours Male WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retirad) Own Farm USA AA Co. Md. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Harry Hancock Matilda Wilkinson 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyesgivewarordatesofservica) lova Miss Matilda Cook, Same as no 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadieta cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? work YES NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Yaer factory, straet, office bldg., etc.) Whila Not While MEDI Hour a.m. at work at work saw the deceased alive on ...... DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF O To B Family Plot AA Co. Pasadena. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE FEB 1 9 '62 Cition & France 15M 9/60 Glen Burnie. Md.

that the

MARYLAND STATE DEPARTME

AA

Ishnows enni

Passiena

Passadena

. DM

Payatis Beach Drive

51 2 200

Own Ferm AA Co., Md.

mountailly ablidad

Miss Miller Cook, Sens es 2

ayida desel ebiayel

end end

Ranner

Mooding. Trees

The state of the second second

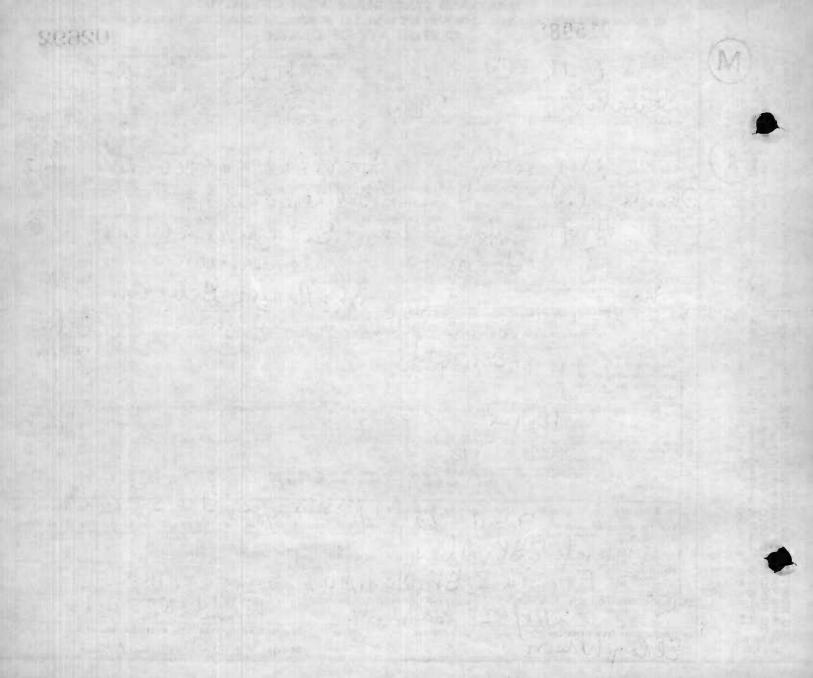
Switch 2/18/62 Femily Plot AA Co., Peasters, Mil.

Hopping And Kirkley, Wien Burnie, id.

1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M  CERTIFICATE OF DEATH  014	ARYLAND
after nera	1. PLACE OF DEATH  1. PLACE OF DEATH  1. Q. USUAL RESIDENCE (Where deceased lived, if institution; Res	idence before edmission) /
the fu	O. COUNTY WILL MARYLAND O. STATE MARYLAND D. COUNTY WIC	con 100
4 7 E B	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g	jive neerest town)
d in d in after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	212 - X
ely rs. rags hours	020000000000000000000000000000000000000	a. IS RESIDENCE ON A FARM?
etely sers. 2 ho	3. NAME OF First Middle Last 4. DATE Month	Day Year
mple pap	(Type or print) WILLIAM SRMISST HANDY DEATH FEBRUARY	10 1962
d co rbon withi	S. SEX   6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YE last birthday)   Months   De	AR IF UNDER 24 HRS.
n an an acar	MALE WIGRO WIDOWED DIVORCED JULY 1,1901 60 yrs.	
riffica nove	done during most of working life, even if retired)	EN OF WHAT COUNTRY?
certifi physic e remo	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	MED SIMICS
death nding p	UNKNOWN	
0 5 5 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
that thun. The at the a	(Yes, no, or unknown) (If yes give wer or dates of service) 214/07307 STATISTICAL DATA FROM PATIEN	T'S HOSP. CHAR
es th cian. by th rmit.	18. CAUSE OF DEATH [Enter only one cause per line (or la), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
quire hysic hysic if pe if pe	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HSPXYX/24102.	
w re sign rans	> 4 X DUE TO A SOLOATION of NOW AND TOTAL FOOD	
he law fending been si urial-tran , cremat	Conditions, if any, which (b) Aspiration of regurgitated food.	
or after the has the burial, burial,	(e), steting the underlying DUE TO Senile 1sychosis.	
ital of ital of the but to but to but to but to but to but to but the but to but the but to but the bu		e) 19. WAS AUTOPSY PERFORMED?
Se se	Is Chronic Brain Jandrome are to Cerebral Arteriorclera	SYES   NO X
the the d for	PART II. OTHER SIGNIFICANT/CONDITIONS GONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART II.  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
After the tacked of Heal	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County fectory, street, office bldg., etc.)	(Stete)
F.E 8 .	Hour a.m. While Not While rectory, street, office blag., atc.)	<i></i>
H . Say		that (I) (we) last
RE RE	saw the deceased alive on	has Idear
E de s	ATTENDING MED. STAFF	2 11 STENED
age fi	22c. PHYSICIAN'S ( MACE)	MIL
HOSPI FUNE FUNE ector, p	NAME (Type) Lybne   NETHERTY Mapp M.D. Crownsulle late Hospital	letylend.
o Hospi death. Pa director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
VR A1S (4)	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	SNATURE
15M 7/61	24 EUNERAC DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE	Maria
3,	The Bear Res med	
	- vonectos with 1 m	

TO DE CORE DE LAY Tale Wall State Out of the Care distint a see Res Stone LALLOW YURL BANK AND TO THE LOUIS HOME RESIDENCE 

1		MARYLAND STATE DEPARTMENT OF HEALTH	
		CERTIFICATE OF DEATH  CERTIFICATE OF DEATH	02692
the funer 1 2 should	1.	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE Where deceased lived, If institution  b. COUNTY  b. COUNTY	Residance before edmission)
24 ho I and I and er death		by 1TY OR TOWN (if outside corporete limits, write RURAL write RURAL end give neerest town)  c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)	end give neerest town)
ely files. Pages hours aff		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd/ess)	o. IS RESIDENCE ON A FARM? YES NO
completely on papers.	3.	NAME OF DECEASED (Type or print)  And DATE OF DEATH DE	1962
and co carbon it, with	9	SEX  SEX  OF THE PROPERTY OF SEX AGE (In years of UNDER MARRIED   8. DATE OF BIRTH   8. D	R 1 YEAR   IF UNDER 24 HRS.   Days   Hours   Min.
certificate physician e remove any ever	do	one during most of warding life of in If retired House see fing Severy, a. a. Co. V	CITIZEN OF WHAT COUNTRY?
death o		FATHER'S NAME ? JOOYSI 14. MOTHER'S MAIDEN MAME	
he atten Then noval, a	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BANGES BELLEVIEW	1. Mo.
uires th ysician. ad by th permit, or rer		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serverally difference policy is policy in the part in	ONSET AND DEATH
ling ph ling ph en signe transit		Conditions, if any, which \ (b) Services	2 yn
The rattend has been burial, crial, crial,		geve rise to immediate ceuse (a), stating the underlying cause lest.  (c)	J
ICIAN spital o ifficate se as th or to bu	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMED? YES NO
PHYS the ho this cer for us for us		20e. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING had by Affer detached of Hea	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) factory, street, office bldg., Jet.)  p.m. 19 at work et work	County) (State)
ATTEN be retail CTOR ild be te Dept.		21. I certify that (I) (this hospital) attended the deceased from \$1.00 \text{\$1.00}\$, \$1.00 \text{\$2.}\$, to \$1.00 \text{\$1.00}\$, saw the deceased alive on \$1.00 \text{\$1.00}\$, and that death occurred at \$1.00 \text{\$1.00}\$, from the causes and on	the date stated above.
A A A A A A A A A A A A A A A A A A A		220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS.   MED. PH	22b. DATE SIGNED
Page NERA Nr. pag d with		22c. PHYSICIAN'S NAME (Type) Frank E. Bhibley, M.D., Savage, Md	
A GO GO	236	REMOVAL (Specify) 2 / 62 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, Jown or col	unity). (State)
VR A15 (4) 15M 9/60	24	Elnoy Wilson 1000 Brantly P 250. REC'D BY REGISTRAR 256. REC'D BY REGISTRAR 256. REGISTRAR 256. REC'D BY	n /-
		d. It. not	



ND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALLINGE, MARYLAND CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a. COUNTY b. COUNTY Anne Arundel Anne Affundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give negrest town) RURAL - Annapolis Annapolis 1 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Anne Arundel General Hospital Rt-2, YES NO Box-423 completely 3. NAME OF 4. DATE Middle Month Day DECEASED OF (Type or print) DEATH HARRIS Gus February 1962 and cor 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last hirthday) Months | Days Male WIDOWED Negro December 17. 1898 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 2. AAM U.S. Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) DUE TO Conditions, if eny. (b) gava rise to immadiate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY GENTIFICATION PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour e.m. While Not While et work at work 19 21. I certify that (I) (MICHOSONICAL) attended the deceased from Feb. 14. 19.62 to Feb. 15. 19.62, that (I) (MICHOSONICAL) 22e. SIGMATURA 22b. DATE ATTENDING MED STAFF SIGNED 2/16/62 PHYS. DIRECTOR PHYS. M.D. 22c. PHYS CIAN'S 22d. ADDRESS Gerard Church FUNER HOSPI 121 Cathedral St., Annapolis, Md. rector, 23a, BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOVAL (Specify) 0 5 8 NERAL DIRECTOR'S SIGNA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Civilian S. France 15M 7/61 DATE

17.1.79 tenent TARPIER SAMPSON HARKIS NANCY HARRIS 214-05444 Levis Heire - Charapha mit 2-13-62 Michaeds Cra Edista

MEDICAL 1. PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY Health Anne Arundel County MARYLAND Marvland FILES Anne Arundel b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and giva nearest town) write RURAL end give neerest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E Found in the woods near Skidmore 2, YES NO Route. and 3 to the funer eath. 3. NAME OF Middle DATE Last Dey DECEASED OF ŏ the (Typa or print) DEATH MAE 1962 February 23 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 age 5 may 1 and 2 with 72 hours last bithday) Months Hours WIDOWED DIVORCED Female certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) File pages 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURIT permit. (Yes, unkown) | (If yes giva weror deterof service) Office along with burial-transit perm any CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: and Epilepsy IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause "pending" Ø Examiner's DUE TO (e), stating the undarlying as 0 causa last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe the certificate, writing the word Medical NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. EXAMINER: to the Chief IOR: Page 3 s bur MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Dey, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 0 Not While While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE please execut 4 should be f DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) SHAUB. G. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA 22d()LOGATION [City, town, or country) REMOVAL (Specify) 0 FUNERAL DIRECTOR 24a. REC'D BY 24b. REGISTRAR'S SIGNATUR Estimation St VS. A15ME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.

1. 3. 3. 4.

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Anne Arundel the d 2 Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarest town) b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 24 write RURAL and give nearest town) Glen Burnie Annapolis 5 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 500 Crain Highway YES NO A Arme Arundel General Hospital completely 3. NAME OF 4. DATE Month Middle DECEASED 1962 DEATH (Type or print) HEMSTETTER February Virginia and con IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED K KNEVER MARRIED last birthday) Months Days March 4, 1918 WIDOWED DIVORCED Female death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Delaware Housewife Own Home attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Grace McKinley Walter R. Neall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT emoval. (Yes, no, or unkown) | (Ifyes give war or dates of service) 212 - 20 - 7188Edward Hemstetter, same as 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: reumener sdows. IMMEDIATE CAUSE (a) DUE TO Careland Chrombones Conditions, if any, which gave rise to immediate cause (a), stating the undarlying Years. cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? chieves fyel rephydes malymet NO Z prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. may be retained. DIRECTOR: 43 should be det at work at work p.m. OR 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. FUNERA 22d. ADDRESS 22c. PHYSICIAN'S Cathedral St., Annapolis, Md. Gerard Church. M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 5 3 REMOVAL (Specify) Glen Haven Memorial Glen Burnie, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 Hopping and Kirkley Glen Burnie, Md.

13618 111 THE PLANT OF THE PARTY OF THE P manufa appr ma Demine a project of the state o sopring out trader, Olemourie, ...

TO HOSPITAL OF MOY be rebuild TO FUNERAL D.

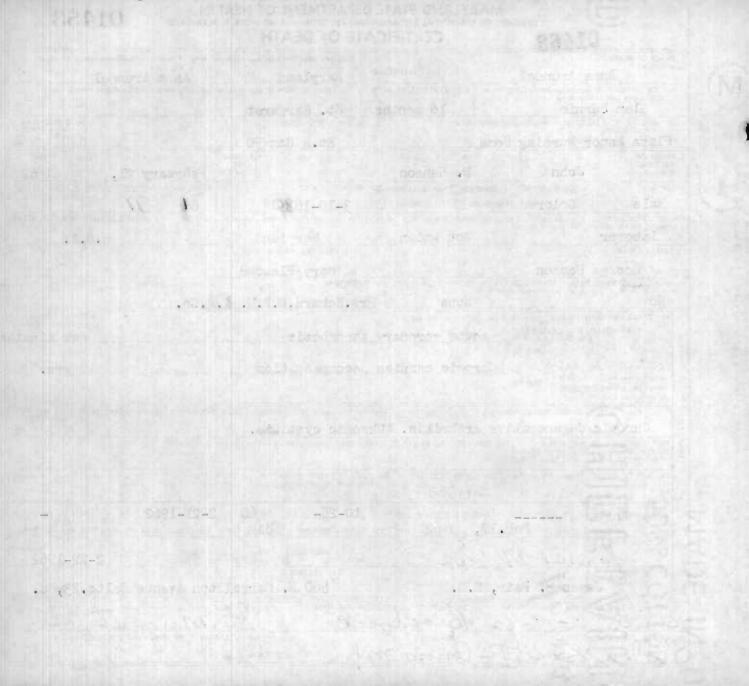
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01453

	01468		CERTIFI	CATI	E OF DEATH				
1. PLACE OF DEATH a. COUNTY An	ne Arundel		MARYL		o. STATE  Maryland	Where deceased	b. COUNTY	on: Residence	
b. CITY OR TOWN ( RURAL and give n  Glen B		its, write c. l	16 mont		c. CITY OR TOWN (II				
OR INSTITUTION	TAL (If not in hospitat, g		ess)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John Fir	rst	Middle Henson		Last	4. DATE OF DEATH	Februar		Day Yeor 19 62
5. SEX Male	Colored	WIDOWED [	-		3-10-1880		9. AGE n years thdoy) 8. yrs.		YEAR IF UNDER 24 HRS. Poys Haurs Min.
10a. USUAL OCCUPATION during most of war Laborer	ON (Give kind af wark king life, even if retired	)	of Business or t known	INDUSTR	Y 11. BIRTHPLAC (Sto Maryla)		auntry)		S.A.
	e Henson	Back			Mary Flex			p)-	
1S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	service)	ne security No.	17. INFO	Echard D.I	W. A.	A.Co.	ress	
Conditions, if a gave rise to couse (o), stoting lying couse last.	the under-	Chron	e corona;		compensatio	on .			? yrs.
Chroni		ive art	hritis.	Chro	OT RELATED TO THE TER <b>nic cystiti</b> (Enter nature of injury i	s.		VEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO B
	RY Month, Day, Ye	ar 20d. INJUR While at work	Y OCCURRED  Not while at work		E OF INJURY (Home, fa y, street, office bldg., e		or town)	(Ca	unty) (State)
saw the desco 22a. SIGNATUR. 22c. PHYSIGAN'S	sed olive an Fe		1962 , ond 1		oth accurred at 8  ATTENDING PHYS.  22d. ADDRESS	AM, from	STAFF PHYS.	d on the	that (I) (we) last date stated abave.  225. DATE SIGNED 2-22-1.962
230 BURIAL CREMATIC REMOVAL (Specify 24 FUNERAL DIRECTOR	2-26-	62 K	NAME OF CEMET PORTON ADDRESS	rery or o	k	23d. LOCAT	TION (City, town, Market 1986)	or county) STRAR'S SIGN	(State)

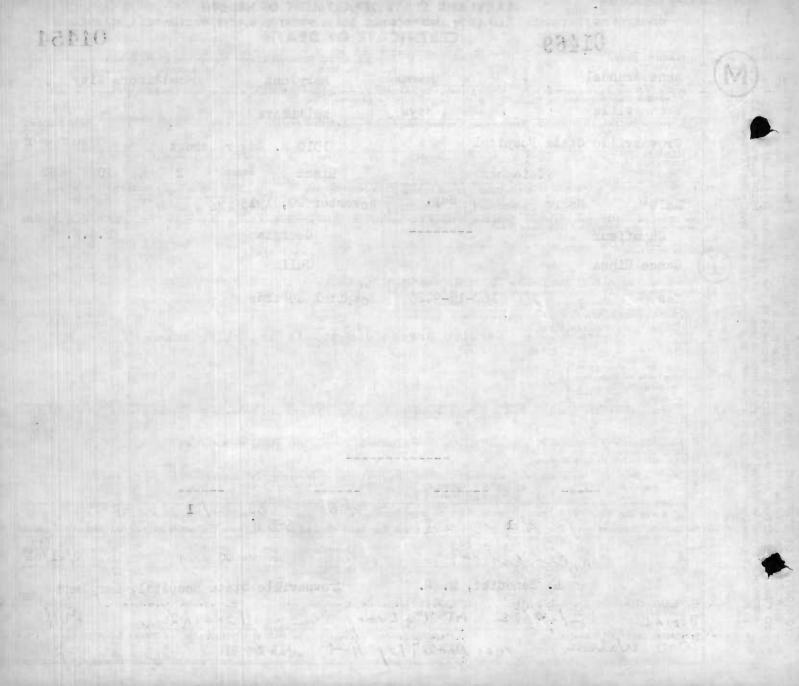


10		Ē	£	V
urs		0	F	l
h		+	9	3
7		۵	Ö	7
-		.E		He
臺	_			K
3		-		HIL
ō		9	rs.	٦
ufe		e	90	22
9		E	Pa	2
9		0	C	+
Pe		P	ě	3
Ф		ē	Ca	t
cat		an	Ve	N/O
生		Sic	ě	9
Ser		P	7	A D
4		Q.	50	2
eat tee		ing	68	7
ŏ		pu	0	9
he		affe	ier	-
10		0	F	2
th	c	÷	÷	8
es	cia	by	E	-
호	YSi	P	ů.	C
9	선	gu	SI	o
3	0	.2	ran	at
10	÷	en	100	Ten.
he	len	Ř	-Fig	Ü
-	te	as	م	.00
ä	9	9	he	1
IA	e	tes	S	0
S	ğά	ij	9	1 1
S	ò	e	ns	ric
H	9	S	P	-
щ	÷	무	D	1 e
S	â	ter	유	H
ᇊ	pa	A	ta	Jo.
Z	E.	å	ď	-
믭	le.	0	2	)en
H	9	CI	0	9
nd.	7	E	O	fat
ö	ma	DII	S	S
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	Page may be retained by the hospital or attending physician.	NEEL. DIRECTOR: After this certificate has been signed by the attending physician and completely file in by the fur	3	the
5	6		986	÷
CIG	Dag.	日野	ã	3
S		Z	7	7

VR A15 (4) 15M 7/61

	DIVISION OF STATISTICAL F	RESEARCH AND RECO		ON STREET, BALTII	MORE 1, MAR	1454			
	PLACE OF DEATH  •. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAN	a. STATE Marylar	NCE (Where deceased lived, b. COI nd Ba (If outside corporate limits, we	ltimore C:	ity 🗸			
	Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not Crownsville State Hosp		Baltimo d. STREET ADDRESS		3401	e. IS RESIDENT ON A FARA YES NO [			
	NAME OF DECEASED (Type or print) Caia;	Middle	Hines	Eager Street  A. DATE OF DEATH  2	Day	Year 19 62			
5.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED DOWED Septorced	8. DATE OF BIRTH November 20,	9. AGE (In year	rs   IF UNDER 1 YEAR	IF UNDER 24 HR Hours Min			
do do	c. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  Chauffeur	106, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Cou	nty & State, or loreign countr gia		S.A.			
13.	Rance Hines		Julia						
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? spo. or unkown) (Ifyesgivewarordatesofservice)	16. SOCIAL SECURITY NO. 160-16-9223	7. INFORMANT Hospital Rece	Addre	ss				
	Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last.  DUE TO  DUE TO  (c)								
CERTHICATION	PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU				P. WAS AUTOPS PERFORMED?			
MEDICAL O	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19	2Dd. INJURY OCCURRED 20e. While Not While at work at work	PLACE OF INJURY (Home, fer factory, street, office bldg., et		(County)	(State)			
	21. I certify that (I) (this hospital) attended the deceased from 2/16								
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) T. Dome	1/4	22d. ADDRESS	MED. STAFF PHYS.	]	2/21/6			
B	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	23c. NAME OF CEMET  AT. Cy L  ADDRESS  COC BAT IT LE	ERY OR CREMATORY	23d. LOCATION (City, 1)  13 h & 8 k 2  15 c'd by registrar 25b. F	own or county)	Mod.			

MARYLAND STATE DEPARTMENT OF HEALTH



01455 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where decrased lived. If Institution: Residence before admission) a. COUNTY a. STATE B. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NAME OF 3. First Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 9. AGE (In years COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED Months Days Hours Min. WIDOWED DIVORCED 10a. VSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (Stote or foreign country) OF WHAT COUNTRY? 12. CITIZEN during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME WAS DECEASED ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERMAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED YES T NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour D. m. Not while at work at work p. m. 21. I certify that I fools charge of the remains described above, held an Autopsy . Inspection . Inquiry and find that Suicide , deoth resulted frame Natural couses | Accident | Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded / ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR EREMATORY 22d, LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNAT 240. REC'D BY REGISTRAR 24b. REGISTRAR'S VS. A15ME(5) ir ner S. Thousas DATE D 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

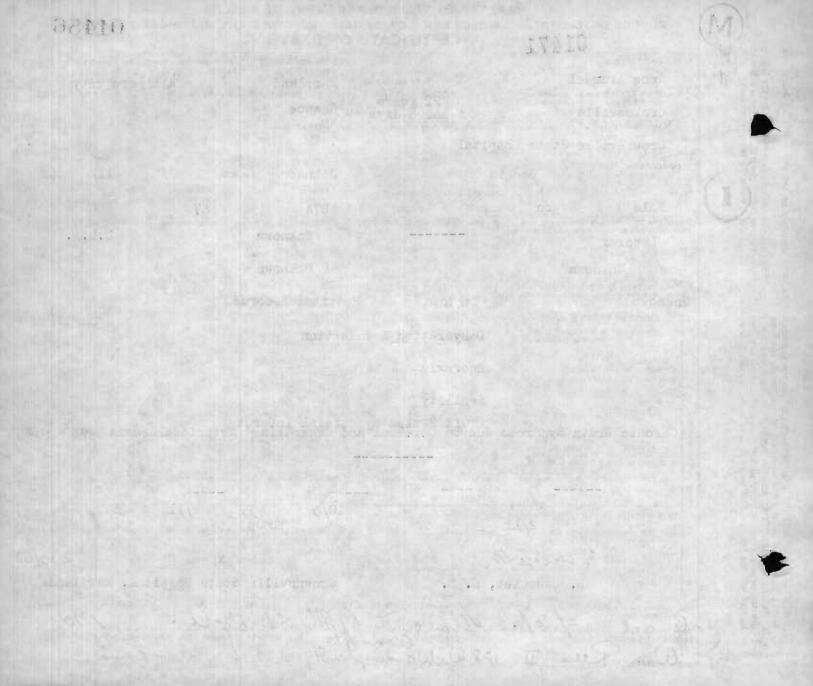
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by the hospital or attending physician.

Yes TO FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely fill the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Provided the state Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death. and completely fill in by the funeral carbon papers. Partial and 2 should within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1471 CERTIFICATE OF DEATH

Anne Arundel  MARYLAND  D. CHY OR TOWN III outside composed limits.  WIT OR TOWN III outside composed limits.  WIT OR TOWN III outside composed limits.  Am S days  A mos		
Anne Arundel  MARKLAND  b. city of grown in quide component limits, with RURAL and give necessal lown)  CTOWNSVILLO COUNTSVILLO  A MANE OF MOSTIFLA OR INSTITUTION (in on in hospital, give street address)  CTOWNSVILLO  A MANE OF MOSTIFLA OR INSTITUTION (in on in hospital, give street address)  CTOWNSVILLO  STATE  A MOS & GAYS  CTOWNSVILLO  First  Male  Negro  Mostif of Middle  Johnson  Jo	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
CITY OR TOWN III outside corporate limit, write BLRA and give neveral forwith write RURA and give neveral forwith write RURA and give neveral forwith and give neveral give neveral give for giv	Cobreme A oran	
with BURAL and give nearest town)  4 mos 6 days  d. NAME OF HOSPITAL OR RISTITUTION (if not in hospital, give street address)  7 Crownsville State Hospital  NAME OF DEATHS  PORT OF PERAFED  (I'yee or print)  1 SEX  6. COLOR OR RACE 7, MARRIED  NEGTO  WOUND DENIS  1. SEX  Male  8. OCCUPATION (give hind of work  Married working life, even if relized)  Lab DOTTE  1. SEX  MALE  8. OCCUPATION (give hind of work  Minth own)  1. AMITHE'S MADEN NAME  Unknown  1. AMITHE'S MADEN NAME  Unknown  1. MOTHE'S MADEN NAME  Unknown  1. MOTHE'S MADEN NAME  Unknown  1. AMOTHE'S MADEN NAME  Unknown  1. Address  Unknown  1. AMOTHE'S MADEN NAME  Unknown  1. Address  Unknown  1. AMOTHE'S MADEN NAME  Unknown  1. Address  Unknown  1. AMOTHE'S MADEN NAME  Unknown  1. AMOTHE'S		
d. NAME OF HOSPITAL OR RISTITUTION (if no in hospital)  NAME OF DECEASED  Dennis  Dennis  Dennis  Dennis  Dennis  Johnson  Johnso	write RURAL and give neerest town) 22 years	
NAME of DECEASED   First   Dennis   Dennis   Johnson   Death   Day   Vest   100   Dennis   Dennis   Dennis   Dennis   Johnson   Death   2/   11/   1962		d. STREET ADDRESS   e. IS RESIDENCE
Dennis  Dennis  Johnson  Death  Johnson  Johnson		ON A FARM?
Type or print)   Demnis		
Male Negro widowald Divorced Divorced No. USUAL OCCUPATION (Give hind of work) and of work and the during all of working life, even if refired) and the during all of working life, even if refired) and the during all of working life, even if refired) and the during all of working life, even if refired black and the during all of working life, even if refired black and the during and the during all of working life, even if refired black and the during an	(Type or print) Dennis	Johnson   DEATH 2/ 11/ 1962
Due to the part   Death Was Caused by the part   Death Was Cau	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8.	
Unknown   U.S.A.	Male Negro WIDOWED DIVORCED	
3. FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  Unknown  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. DO, or unbown ([Ulysay low war or dates of service]  Unknown  18. CAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Dety or insufficient cause (b)  (b)  Anorexia  DUE TO  Conditions. If any, which gove rise to immediate cause (c), steing the underlying cause lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  Senility  Chronic Brain Syndrome due to Cerebral and Generalized Arteriosclerosis  The contribution of Contributing Contributions of Contributing C	done during most of working life, even if retired)	
Unknown  S. WAS DECLASED EVER IN U.S. ARMED FORCES?  Unknown  IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  DUE TO  Condition. If any, which gave rise to immediate cause (c), stelling the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  Chronic Brain Syndrome due to Cerebral and Generalized Arteriosclerosis  TO CONTRIBUTION TO CAUSE OF DEATH  ON CONTRIBUTION TO CAUSE OF DEATH  ON CONTRIBUTION TO CAUSE OF DEATH  HOUR A.M.  19 DESCRIBE HOW INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2DL, (City or lown) (County) (Stele)  THE FITTER NOTIFY MEDICAL EXAMINER)  20. IT CERTIFY that (I) (this hospital) attended the deceased from 10/5 19/29, to 2/11 19/62, that (I) (we) last saw the deceased give on 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The content of the	Unknown	
INTERVAL BETWEEN ONSET AND DEATH   Enter only one cause per line for (e), (b), and (c).	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address
PART II. DEATH WAS CAUSE (e)  Dehydration & Inanition  DUE TO  Conditions, if eny, which gove rise to immediate cause (e), steing the underlying cause lest.  Chronic Brain Syndrome  Gue to Cerebral and Generalized Arteriosclerosis  DUE TO  Chronic Brain Syndrome  Gue to Cerebral and Generalized Arteriosclerosis  DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Pert II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION COUNTY  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY  OR CONTRIBUTION CAUSE  OR CONTRIBUTION COUNTY  OR CONTRIBUTION CAUSE  OR CONTRI	Unknown	Hospital Records
Dehydration & Inanition    Due to Conditions, if env. which geve rise to immediate cause (e), steling the underlying cause lest. (c)   Senility	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	
Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  Conditions, if eny, which gove rise to immediate cause and on the performence of injury in Part I or Pert II of item 18.)  Conditions, if eny, which gove rise to immediate cause in Part I or Pert II of item 18.)  Conditions, if eny, which gove rise to immediate cause in Part I or Pert II of item 18.)  Conditions, if eny, which gove rise to immediate cause in Part I or Pert II of item 18.)  Conditions, if eny, which gove represents the pert II of item 18.)  Conditions, if eny, which gove represents the pert II of item 18.)  Conditions, if eny, which gove represents the pert II of item 18.)  Conditions, if eny, which gove represents the pert II of item 18.)  Conditions, if end in the pert II of item 18.)  Conditions, if end in the cause and on the date stated above the pert II of item 18.)  Conditions, if end in the pert II of item 18.)  Conditions, if end in the pert II		nanition
DUE TO cause lest.    Column	DUE TO	
(e), steting the underlying cause lest.  (c) Senility  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN DATE TO THE TERMINAL DISEASE CONDITION GIVEN DATE TO THE TERMINAL DISEASE CONDITION GIVEN DATE TO THE TERMINAL DISE	10/	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? OLD Healed Myocardial Infarct  Chronic Brain Syndrome due to Cerebral and Generalized Arteriosclerosis VES NO EX OCCURRENT WAS UNDERLYING DOES OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION CO	DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES DID HEALED MYOCATCIAL INTERCED AND CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)  20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 20d. INJURY OCCURED 2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 19 39 to 2/11 1962, that (I) (we) lass saw the deceased alive on 2/11 at work et work 22e. SIGNATURE 22e. SIGNATURE 22d. ADDRESS COMMISCIAL EXAMINER (Type) L. Benediet, M. D. 22d. ADDRESS COMMISCIAL Specify) 22d. ADDRESS COMMISCIAL SPECIFICAL SIGNATURE 22d. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Shele) 22d. ADDRESS COMMISCIAL SPECIFICAL SIGNATURE 22d. ADDRESS COMMISCIAL SPECIFICAL SPECIFI		
20c. TIME OF INJURY Month, Dey, Year Hour a.m.  19   20d. INJURY OCCURRED While at work   210d. INJURY OCCURRED While at work   220d. INJURY (Home, farm, 20f. (City or town) (County) (Stete)  21. I certify that (I) (this hospital) attended the deceased from 10/5 19 39, to 2/11 1962, that (I) (we) last saw the deceased alive on 2/11 1962, and that death occurred at 11300 (From the causes and on the date stated above 220d. SIGNATURE  22c. PHYSICIAN'S DIRECTOR PHYS.   2/13/02 22d. ADDRESS Crownsville State Hospital, Maryland  32. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stete)  23c. NAME (Type)   2/20/62   23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crown 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Dey, Year Hour a.m.  19   20d. INJURY OCCURRED While at work   210d. INJURY OCCURRED While at work   220d. INJURY (Home, farm, 20f. (City or town) (County) (Stete)  21. I certify that (I) (this hospital) attended the deceased from 10/5 19 39, to 2/11 1962, that (I) (we) last saw the deceased alive on 2/11 1962, and that death occurred at 11300 (From the causes and on the date stated above 220d. SIGNATURE  22c. PHYSICIAN'S DIRECTOR PHYS.   2/13/02 22d. ADDRESS Crownsville State Hospital, Maryland  32. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stete)  23c. NAME (Type)   2/20/62   23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crown 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Chronic Brain Syndrome due to Cerebral	and Generalized Arteriosclerosis YES NO X
21. I certify that (I) (this hospital) attended the deceased from 10/5 19 39, to 2/11 1962, that (I) (we) las saw the deceased alive on 2/11 1962, and that death occured alian, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF 22b. DATE 2/13/62  22c. PHYSICIAN'S NAME (Type) L. Benediet, M. D.  22d. ADDRESS Crownsville State Hospital, Maryland  38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  REMOVAL (Specify) 2/20/62 University Of Med. Sch. Balt.  ADDRESS Grant PM. 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE	2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED.	
21. I certify that (I) (this hospital) attended the deceased from 10/5 19 39, to 2/11 1962, that (I) (we) las saw the deceased alive on 2/11 1962, and that death occured alian, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF 22b. DATE 2/13/62  22c. PHYSICIAN'S NAME (Type) L. Benediet, M. D.  22d. ADDRESS Crownsville State Hospital, Maryland  38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)  REMOVAL (Specify) 2/20/62 University Of Med. Sch. Balt.  ADDRESS Grant PM. 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   2De. PLAC	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete)
21. I certify that (I) (this hospital) attended the deceased from 10/5 19/59, to 2/11 1962, that (I) (we) lass saw the deceased alive on 2/11 1962, and that death occured aliston, from the causes and on the date stated above 22e. SIGNATURE  ATTENDING MED. STAFF 1/2/13/62  22c. PHYSICIAN'S NAME (Type)  1. Benedict, M. D.  22d. ADDRESS Crownsville State Hospital, Maryland  23d. LOCATION (City, town or county)  1. State Hospital Maryland  23d. LOCATION (City, town or county)		ry, street, office blog., etc.)
saw the deceased alive on 2/11 19.62, and that death occurred at		10/5 19 39 to 2/11 1962 that (I) (we) last
22e. SIGNATURE    Comparison	saw the deceased alive on 2/11 19 62 and that	death occurred all 130p from the causes and on the date stated above
ATTENDING DIRECTOR PHYS. 2/13/62  22c. PHYSICIAN'S NAME (Type)  L. Benediet, M. D.  22d. ADDRESS Crownsville State Hospital, Maryland  3a. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. 22d. ADDRESS REMOVAL (Specify)  2/20/62  Charactery OR CREMATION, 23d. LOCATION (City, town or county)  Charactery OR CREMATION, 23d. LOCATION (City, town or county)  Charactery OR CREMATION, 23d. LOCATION (City, town or county)  Charactery OR CREMATION, 23d. LOCATION (City, town or county)  Charactery OR CREMATION, 25d. Registrar Signature  ADDRESS Communication of		
NAME (Type) L. Benediet, M. D. Crownsville State Hospital, Maryland  3. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/20/62 University Of Med Sch. Balt.  4. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS Com. M. D. Crownsville State Hospital, Maryland  23d. LOCATION (City, town or county) (Stete)  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS Com. M. D. Crownsville State Hospital, Maryland  25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR SIGNATURE	William Silly	DILLIE DIRECTOR OF DILLIE
REMOVAL (Specify) 2/20/62 University of Med Scho Balt a Md.  4 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS GROWN AND 256. REGISTRAR 256. REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S NAME (Type) L. Benediet, M. D.	
Remarcal 2/20/62 Universely Med Sch Dall 4  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS Com. M. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		OR CREMATORY 23d. LOCATION (City, town or county) (State)
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMPANY AND STATE OF THE STATE	17 10 19.114 15	Ol Med Sche Dalt. Md.
W.m. Kelse II 108 W. Washington St. 1998 23'62 ariling & thous		MA 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Wim have I washing man the	(1) m 2000 TI 108(1) 11/20	Tr. St. D58 2 3 '62 Chillian & Kraus
	win pued I wow washing	- The same of the



d be	2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01457. Reg. Dist. No.
4 shoul	M	1. PLACE OF DEATH O. COUNTY  A. A. CO.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE  M. COUNTY  A. A. CO.  MARYLAND
Poge buriol		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negress lown)  LO / NIBAL MD  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give negress lown)  LO / NIBAL MD
les les	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
your fi		3. NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) CUILION. Thoryes Sources DEATH 2 4 1962
to the far the the r		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 7. The first birthdoy)  WIDOWED DIVORCED 7. MARRIED 8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  Months Days Hours Min.
ond 3 be retaind 2 wind 2 wi		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LI ARWAUT 10  USA
es 1, 2, 5 may iges 1 o		13. FATHER'S NAME WILLIAM TU due - Sones. Nelle Well JONES
Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Ves. no. or unknown) (If yes, give war or doles of service) 214-40 250 Ms Um. Themas Vanea Lothian Md
18. Gm PM3.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
in Item 1 with farm tronsit pe		Conditions, if any, which) (b)
along along buriol		gave rise to immediate couse (O), stating the underlying Couse last.
ding" ir	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE:
d pendimer		20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
the worlical Exe		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work 19 Not work
writing pief Med DR: Pog		21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that death resulted from: Votunal capses . Accident . Suicide . Homicide . Undetermined couse .
rote,		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
rded FRAL	Joval.	EXAMINER'S F. LINGER H. DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X 2-4-62
cute the ce forworded	0	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REPOVAL (Specify)  FOR 6. 1962 M+ ZION COMETERY  LOTHIAM  (Stole)
5. A15ME(5	in Aff	23. FUNERAL DIRECTOR'S SIGNATURE  TA Hardesty + Son Galesville, Md DATE  DATE  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE  D

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH m G308 3/1/62 iwk 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY Mc. e. STATE b. COUNTY MARYLAND b. CITY OR OWN (if outside carporate limits, write MURAL and give perest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Lautside corporete limits, write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION Lift not in (Adepite), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely papers. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED DIVORCED 10a. DOUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY 10b. KIND 0 12. CITIZEN OF WHAT COUNTRY Czek 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KHOWA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) (If yes give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to Immediate cause (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO P 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Dey, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Manual, 1959, to Manual No. 1969, that (I) (we) last All and that death occured at. I.M. M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 220. SIGNATURE ATTENDING MED. SIGNED STAFF DIRECTOR PHYS. M.D. FUNERAL ADDRESS NAME (Type) director, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230. BURIAL REMATION, 236. DATE THEREOF (Stete) REMOVAL (Specify) MORE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATEFFR 2 0 '62 Chillian & Krous

24 hours after

certificate

RYLAND STATE DEPARTMENT OF HEALTH

11 4 11 2-35-6 Klep Heren Latinese Just 12 € 72 William 1

	1.	a. COUNTY Anne Arundel	MARYLAND	a. STATE Mar	CE (Where decessed lived, If yland b. court XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
13		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, writ	e RURAL end give n	earest town)
Ga		Annapolis	DOA	d. STREET ADDRESS	apolis		15 0-51-51-51
77		bead on arrival)			ala ana Anna		e. IS RESIDENCE ON A FARM?
		nne Arundel General Ho	OSPITAL Middle	Lest DOUL	cher Ave.	n Day	YES NO X
37.37		DECEASED (Type or print)			OF DERMY		
	5.	SEX   6. COLOR OR RACE   7		EATHERBURY  DATE OF BIRTH	repr	uary 14	19 62 IF UNDER 24 HRS.
	7		VIDOWED DIVORCED		last birthday)	Months Days	Hours Min.
	10	a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	May 5, 1901	ty & Stete, or loreign country)	12. CITIZEN OF	WHAT COUNTRY
	do	one during most of working life, even if retired)	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			U.S	
	13.	FATHER'S NAME	16117 maray children	14. MOTHER'S MAIDEN	NAME	0.0	•
	p	Frank O		CILL T	NINDSOF		
T)	15.	WAS DECEASED EVER IN U.S. ARMED FORCES	S?   16. SOCIAL SECURITY NO.   17. I	NFORMANT	Address		,
	110	46 WWII	714079093 MI	sjessie he	itc4 Dovids	ovuille	Md
		1B. CAUSE OF DEATH [Enter only one cau	use per line for (e), (b), end (c).]	10	\	INTE	ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Colonary of	tricultor	4	- Ti	uprozen
		CF 10 DUE TO					
		Conditions, if eny, which gave rise to immediate ceuse					
		(e), steting the underlying DUE TO					
	-	cause lest. (c)	NG CONTRIBUTING TO BEATH BUT NO		THE DISTANCE COMPLETION OF	(F) 1 1 1 1 2 4 D 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAC ALIZONON
0	CATION	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV		PERFORMED?
	FICA	20e. ACCIDENT WAS UNDERLYING [7]   20	Db. DESCRIBE HOW INJURY OCCURED.	/Enter nature of Injury in I	Post I or Post II of No. 18 )	Y	ES NO
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	DB. DESCRIBE HOW HAJORT OCCURED.	Crimer merane of infanty in t	en tor per n or nem to.,		
		20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	, ' 2Df. (City or town)	(County)	(Stele)
	MEDICAL	Hour e.m.		ory, street, office bldg., etc.			
	2	21. Incertify that (I) (this hospital)	<u> </u>	12-10-	19(A) to 5) == 1	5- 10 ha is	at (1) (wa) la
		saw the deceased alive on					
		229. SIGNATURE	and mar		PM	and on me da	22b. DATE
		tene 18 , Traites	м.		AED. STAFF	4	2 - 15-10
				22d. ADDRESS			1
		22c. PHYSICIAN'S	MADOTH M D				
1		22c. PHYSICIAN'S NAME (Type) James R. 1	MARTIN, M.D.		t., Annapolis,	Md.	
1	238	NAME (Type) James R. I	F 23c. NAME OF CEMÉTERY	6 Shaw S	t., Annapolis,		(Stete)
1		NAME (Type) James R. 1		6 Shaw S		wn or county)  M	

MARYLAND STATE DEPARTMENT OF HEALTH



V)	1, 1	LACE OF DEAT COUNTY Anne Ar					a. STATE	NCE (Where decease	b. COUNT	-	
	1	CITY OR TOWN	l (if outsida corporata lim nd giva nearast town)	its,	c. LENGTH OF STAY IN	1b	Marylar	101 N (If outside corporate		URAL and give r	
		Crownsv	ille		1 7		Brandy			16X	.2
10			ille State		pital, giva straat address)		d. STREET ADDRES	55			e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	First Ra	ymond	Middle		Lee	4. DATE OF DEATH	Month 2	Day 15	19 62
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DAT	E OF BIRTH		4 1 44 1 4 20	UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	Negro	WIDOWE		1 -	ember 23,		yrs.	Aonths Days	Hours Min.
	dor	Unknow	ATION (Giva kind of working life, avan if retire	k 10b. K	IND OF BUSINESS OR IND		Maryla	and	gn country)	U.S	· A •
	13.	FATHER'S NAME				14.	MOTHER'S MAIDE	EN NAME			
	-		William L				Alice	marsh	rall		
			EVER IN U.S. ARMED FO (Ifyasgiva warordatasof:	servica)	SOCIAL SECURITY NO.	17. INFO	RMANT		Address		
		Unknown	DESTRUCTION OF THE PROPERTY OF		77-26-0786	Но	spital R	ecords		LINIT	ERVAL BETWEEN
			DEATH [Enter only one TH WAS CAUSED BY:	r	Inberculosis	/Weni	noritis				SET AND DEATH
		01	IMMEDIATE CAUSE (a)		TWD&t Adidor's	Ment	181010				
		Conditions, if ar	2	- 1	Puberculosis	Lymp	hadeniti	S			
1		gave rise to imme (a), stating tha causa last.	DIJE TO								
人	Z	PART II. OTH	ER SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BU	T NOT REL	ATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
	CATI			P	ulmonary Emb	olism	, Termina	al		1	ES K NO
	CERTIFICATION	OP. CONTRIBUTIN	WAS UNDERLYING A G AUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	URED, (Enta	r nature of injury	in Part I or Part II of it	em 18.)		
	MEDICAL	2Dc. TIME OF IN. Hour a.m.		While	Not While	PLACE OF	INJURY (Homa, freat, office bldg.,	arm, 2Df. (City or tate.)	own)	(County)	(Stata)
		21. I certify	that/(I) (this hospi	ital) atten	ded the deceased fr	om	7/14	, 19 51 to 2	/15	, 19.62 11	hat (I) (we) las
		saw the dece	and alive on.	11	1) 10 02 and	that deal	h occured at	1:30 M, from the	e causes a	nd on the da	
		22a. SIGNATUR	0/14	40,-	11/0/1		ATTENDING		TAFF		22b, DATE
		22c. PHYSICIAN'	can of	om	7"/7	771.67.	PHYS. Z	DIRECTOR P	HYS.		2/15/02
		NAME (Typ		CHenr	Mapp, M. D			ille State	Hospi	tal, Mar	yland
1					23c. NAME OF CEMET						

11.1811 1 4 THE REPORT OF THE RESIDENCE OF THE RESID 

M	. PLACE OF DEA	01476		2. <b>USU</b>	AL RESIDENCE (		lived, If institut	tion: Residence	e before admission
		ne Arundel	MAI	YLAND	Maryla		D. COOK.	Anne A	rundel
3) -	b. CITY OR TOWN	(if outside corporate limits, and give neerest town)	c. LENGTH OF S	TAY IN 16 c. CIT	Y OR TOWN (If out	side corporate lin	nits, write RURA	AL end give n	eerest town)
/	Annapol			X	Riva				
,3	d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hospital, give street ac	dress) O ST	REET ADDRESS	-00			e. IS RESIDENCE
	Anne Ar	rundel Genera		20	endos	mull	e,		YES NO L
3	NAME OF DECEASED	First	O Middle		Last 4.	DATE	M6nth	Day	Yeer
	(Type or print)	LUCKE /	sover		LOWE	DEATH	2	24	19 62
	S. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MAR	RIED K 8. DATE OF	BIRTH		(In yeers   IF UN irthday)   Mon		Hours Min.
	Male	Negro	WIDOWED DIVOR	CED ☐ 2-22	-62		yrs.	12	
1	Oa. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	106. KIND OF BUSINESS	OR INDUSTRY 11. BIR	THPLACE (County &	State, or foreign	country) 12	2. CITIZEN OF	WHAT COUNTRY
				Ma	ryland		6	(1,1)	· A-
_ [1	3. FATHER'S NAME			14. MOT	HER'S MAIDEN NAM	AE A			,
T	Willi	iam H. Lowe		Ne	len 15	rlake			
		EVER IN U.S. ARMED FORCE (If yes give wer or detectors of service)		NO. 17. INFORMA	NT		Address	£1	1009
				Wyllie	ME les	かしん	aved	son	villey
	18. CAUSE OF	DEATH [Enter only one c	ause per line for (e), (b), en-	(c).]	///			INTE	SET AND DEATH
	0.001.00	A THE WHAT CALLETO BY	77	1 " 1	4				
	PART I. DE.	ATH WAS CAUSED BY: . IMMEDIATE CAUSE (e)	Respiratory	distress	syndram	6			36 hm
	PART I. DE.		Respiratory	distress	syndrm	1			36 hm
	Conditions, if e	DUE TO  (b)	Respiratory Probable	distress	syndrom. mbrane	clusicise	,		36 hn 36 hn
	ファ	DUE TO  (b)  ediele cause	Respiratory Robable	distress yaline me	syndrome	cluaise	,		36 hm 36 hm 36 hm
	Conditions, if e geve rise to imm (e), steting the cause lest.	DUE TO  cony, which builded to be desired cause underlying bull to builded to be desired to be desir	Respiratory Probable I Prematurit	4					36 hm 36 hm
0	Conditions, if e geve rise to imm (e), steting the cause lest.	DUE TO  (b)  ediele cause	Respiratory Probable Prematurit ONS CONTRIBUTING TO DE	4				N PART 1(a) 15	PERFORMED!
0	Conditions, if e geve rise to imm (e), steting the cause lest.	DUE TO  cony, which ediele cause underlying   DUE TO  (c)   CONDITION		ATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN	N PART 1(a) 15	36 hr. 36 hr. 2. WAS AUTOPSY PERFORMED? YES NO I
0	Conditions, if e geve rise to imm (e), stelling the cause lest.  PART II. OTI  OP CONTRIBUTION	DUE TO  (b)  (diete cause underlying DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING DEATH	Respiratory Robable Prematurit ONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN	N PART 1(a) 15	PERFORMED!
	Conditions, if egeve rise to imm (e), stelling the cause lest.  PART II. OTI  20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI	IMMEDIATE CAUSE (e)  DUE TO  (b)  diele cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH  HEY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJUI	ATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDITION	TION GIVEN IN	I PART 1(a)   15	YES NO
	Conditions, if egeve rise to imm (e), stelling the cause lest.  PART II. OTI  20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI	IMMEDIATE CAUSE (e)  DUE TO  (b)  ediate cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH HEY MEDICAL EXAMINER)  NJURY Month, Dey, Year	2Db. DESCRIBE HOW INJUI	ATH BUT NOT RELATED  Y OCCURED. (Enter net	TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN	N PART 1(a) 15	PERFORMED!
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI  20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI  20c. TIME OF IN Hour e.m.	IMMEDIATE CAUSE (e)  DUE TO  (b)  dielete cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING   NG CAUSE OF DEATH  HEY MEDICAL EXAMINER)  NJURY Month, Dey, Year  no. 19	20b. DESCRIBE HOW INJUI  20d. INJURY OCCURRE While Not While et work et work	Y OCCURED. (Enter net	TO THE TERMINAL ure of injury in Part URY (Home, ferm, ' office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow	TION GIVEN IN n 18.)	PART 1(a) 15 Y	YES NO (State)
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI  20e. ACCIDENT OP CONTRIBUTING (IF EITHER, NOTI III)  20c. TIME OF IN Hour e.n. p.n.  21. 1 certify	DUE TO  (b)  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH  LETY MEDICAL EXAMINER)  NJURY Month, Dey, Year  n. 19  That (I) (this hospital	20d. INJURY OCCURRE While Not While et work et work	Y OCCURED. (Enter net	TO THE TERMINAL ure of injury in Parl URY (Home, ferm, office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow	TION GIVEN IN	(County)	(State)
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI  20e. ACCIDENT OP CONTRIBUTING (IF EITHER, NOTI III)  20c. TIME OF IN Hour e.n. p.n.  21. 1 certify	IMMEDIATE CAUSE (e)  DUE TO  (b)  dielete cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING   NG CAUSE OF DEATH  HEY MEDICAL EXAMINER)  NJURY Month, Dey, Year  no. 19	20d. INJURY OCCURRE While Not While et work et work	Y OCCURED. (Enter net	TO THE TERMINAL ure of injury in Parl URY (Home, ferm, office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow	TION GIVEN IN	(County)	(State)  nat (!) (we) late stated above
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI  20e. ACCIDENT OP CONTRIBUTING (IF EITHER, NOTI III)  20c. TIME OF IN Hour e.n. p.n.  21. 1 certify	IMMEDIATE CAUSE (e)  DUE TO  (b)  diediete cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING   NG  CAUSE OF DEATH HEY MEDICAL EXAMINER)  NJURY Month, Dey, Year  n. 19  That (I) (this hospital eased alive on	20d. INJURY OCCURRE While Not While et work et work	Y OCCURED. (Enter net  20e. PLACE OF INJ factory, street, and that death c	TO THE TERMINAL ure of injury in Part URY (Home, ferm, office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow  M, from the	n 18.)  (n)  causes and	(County)	(State)  nat (I) (we) late stated above 22b. DATE SIGN
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI OP CONTRIBUTING (IF EITHER, NOTI UP. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	IMMEDIATE CAUSE (e)  DUE TO  Cony, which ediate cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING THE MANUELY MEDICAL EXAMINER)  NJURY Month, Dey, Year on 19  To that (I) (this hospital eased alive on 19  EXECUTE: The country of the cou	20d. INJURY OCCURRE While Not While et work et work	Y OCCURED. (Enter net  20e. PLACE OF INJ factory, street,  and that death c	TO THE TERMINAL ure of injury in Part URY (Home, ferm, office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow	n 18.)  (n)  causes and	(County)	(State)  nat (I) (we) la te stated above 22b. DATE SIGNI
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI OR CONTRIBUTING (IF EITHER, NOTI U)  20c. TIME OF IN Hour e.m. p.m.  21. I certify saw the dece	DUE TO  Cony, which ediete cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING THE SIGNIFICANT CONDITION	20d. INJURY OCCURRE While Not While et work  I) attended the decea	Y OCCURED. (Enter net  20e. PLACE OF INJ factory, street,  and that death c	TO THE TERMINAL ure of injury in Part URY (Home, ferm, office bldg., etc.)	DISEASE CONDITION  I or Pert II of item  20f. (City or tow  M, from the	n 18.)  1 Feb  causes and	(County)  (County)  (County)  (County)	(State)  nat (I) (we) late stated above 22b. DATE SIGN
1	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI  20e. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTI  21. I certify saw the dece 22e. SIGNATUR  22c. PHYSICIAN AME (Ty	IMMEDIATE CAUSE (e)  DUE TO  (b)  DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING [INCOMPLYING INCOMPLYING INCOMPLIANCE INCOMPLYING INCOMPLIANCE INCOMPLIANCE INCOMPLYING INCOMPLIANCE INCOMPLYING INCOMPLYING INCOMPLIANCE INCOMPLYING INCOMPLIANCE INCOMPLI	20b. DESCRIBE HOW INJUIDED TO THE PROPERTY OF	Y OCCURED. (Enter net factory, street, and that death commun.)  M.D. ATTI	TO THE TERMINAL ure of injury in Part URY (Home, ferm, office bldg., etc.)  ccured at	DISEASE CONDITION  I or Pert II of item  20f. (City or tow  A, from the  CTOR PHY  Edgewa	ter, Ma	(County)  (County)  1963, the on the dalory land	(State)  mat (!) (we) late stated above 22b. DATE SIGN
1	Conditions, if egeve rise to imm (e), stelling the cause lest.  PART II. OTI  20e. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI  20c. TIME OF IN Hour e.n p.n  21. I certify saw the decc 22e. SIGNATUR	IMMEDIATE CAUSE (e)  DUE TO  DUE TO  (b)  ediate cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING  NG CAUSE OF DEATH  HEY MEDICAL EXAMINER)  NJURY Month, Dey, Year  n. 19  That (I) (this hospital eased alive on	20b. DESCRIBE HOW INJUID  20d. INJURY OCCURRE  While Not While of work of the work of the decear  1) attended the decear  19 10 11 11 11 11 11 11 11 11 11 11 11 11	Y OCCURED. (Enter net  20e. PLACE OF INJ factory, street,  and that death c	TO THE TERMINAL ure of injury in Part URY (Home, ferm, office bldg., etc.)  ccured at	DISEASE CONDITION  I or Pert II of item  20f. (City or tow  M, from the	ter, Ma	(County)  (County)  1963, the on the dalory land	(State)  nat (I) (we) la te stated about 22b. DATE SIGN
	Conditions, if e geve rise to imm (e), steting the cause lest.  PART II. OTI OR CONTRIBUTING (IF EITHER, NOTI OR CONTRIBUTION (IF EITHER, NOTI OR CONTRIBUTION (IF EITHER, NOTI OR CONTRIBUTION (IF EITHER) (IF EITHER)  21. I certify saw the dece 22e. SIGNATUR  22a. BURIAL, CREM.	DUE TO  Cony, which ediete cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING THE SIGNIFICANT CONDITION	20b. DESCRIBE HOW INJUID  20d. INJURY OCCURRE  While Not While of work of the work of the decear  1) attended the decear  19 10 11 11 11 11 11 11 11 11 11 11 11 11	Y OCCURED. (Enter net factory, street, and that death commun.)  M.D. ATTI	TO THE TERMINAL  ure of injury in Part  URY (Home, ferm, office bldg., etc.)  Coccured at 1	DISEASE CONDITION  I or Pert II of item  20f. (City or tow  A, from the  CTOR PHY  Edgewa	ter, Ma	(County)  (County)  (County)  (County)  (County)	(State)  nat (I) (we) I.  te stated above  22b. DATE SIGN

8 8 9 9 The state of the s sufficiency of the second of t Edginister, Mary long James 1 . Budgon, 1. D. Aurence Joseph Comerce Reserved Softwarmaniet Holandiet 140

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item8filmG307jac() 01477 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY a STATE b. COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If Suiside corporate limits, write RURAL PROTETINGNESS) b. CITY OR TOWN (if outside corporate limits, c. HNGTH OF STAY IN 16 write RURAL end give nearest town) Crownsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE Melrose Str. ON A FARM Crownsville State Hospital YES NO completely 3. NAME OF Middle 4. DATE Lest Month DECEASED OF (Type or print) Carl ton DEATH Lumpkins (Lumkins) 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months Days WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Laborer Building Howard Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 Then please John Lumkins Annie Dorsey Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) World War I. Hospital Records attending physician. as been signed by the 217050311 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Advnamic ileus DUE TO Early peritonitis Conditions, if eny, gave rise to immediate cause DUE TO (e), steling the underlying cause lest. Regional ileitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc. While Not While Hour e.m. at work | et work p.m. CIOI saw the deceased alive on.2 22e, SIGNATURI ATTENDING SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 363 DEWEY - OR ANNAPOLIS MD SCHLEIFER 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) द्वेंद्व REMOVAL (Specify) ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thous 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after

be executed

requires that the death certificate

13		YLAND STATE DEPARTMENT OF ARCH AND RECORDS, 301 W. PRESTO CERTIFICATE OF DEAT	ON STREET, BALTIMORE 1, M	DARYLAND D1462
hours after y the funeral and 2 should	D. CITY OF TOWN (if outside corporate limits, write PIPAL of city or any town.)  1. PLACE OF DEATH  B. COUNTY  ADDRESS  B. CITY OF TOWN (if outside corporate limits, write PIPAL of city or any town.)	a. STATE  MARYLAND  c. LENGTH OF STAY IN 16  c. CITY OR TOWN	(If outside corporate limits, writa RURAL and	Arundel
d within 24 sis. S.	write RURAL and give nearest town) Millersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hose Elvaton Road (Elvaton) 3. NAME OF First	spital, give street address)  d. STREET ADDRESS  Elvaton	Road - Box #182	e. IS RESIDENCE ON A FARM? YES NO
rificate be executed sician and completed move carbon paper y event, within 72	DECEASED (Typa or print)  5. SEX  6. COLOR OR RACE 7. MARRII FEMALE  WIDOWI  10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retirad)		9. AGE (In years IF UNDER 1 Months yrs.  Unity & State, or foreign country)   12. CIT	13th, 1962 YEAR IF UNDER 24 HRS. Hours Min. IZEN OF WHAT COUNTRY?
if the death cert a attending phys Then please ren oval, and in any	13. FATHER'S NAME  Charles Whiteler  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. (1945, no, or unkown) (Ifyasgivawarordatesofseryice)	14. MOTHER'S MAIDER	N NAME Emerson Address	
CLAN: The law requires the pital or attending physician. Ifficate has been signed by the as the burial-transit permit is to burial, cremation, or rem	cause last. (c)	Ine for (a), (b), and (c).]  Paranay accle  Thronic Passive Congus  Typertension, ASC  NYRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	ution of Heart	interval between onset and death minutes  Months  Glass  1(a) 45. WAS AUTOPSY PERFORMED?  YES NO
PITAL OR ATTENDING PHYSI age to be retained by the host ERA. TIRECTOR: After this certipage 3 should be detached for use with the State Dept. of Health prior	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.  19  21. 1 certify that (I) (this hospital) after	and the deceased from 1/29	20f. (City or town) (Counte.) 196.2—to	
TO HOSPI A death. Pa A director, be filed we	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) BUTI 31  24 FUNERAY DIRECTOR'S SIGNATURE ALERAN SIGNATURE LECTOR	23c. NAME OF CEMETERY OR CREMATORY  Calvary Cemetery  ADDRESS  Glen Burnie, Md. DATE	23d. LOCATION (Gry, town or county) Northfield, Ve EEC'D BY REGISTRAR'S FEB 15'62	rmont SIGNATURE

THE VET MENT AND A COLUMN AND A

Byoth There - 270 March 1

(America) | ell verter | | | | | | |

the the second

43148 811

III, SEVERALES

erles rèsser

ilen durnie, hu.

The same of the sa

which is thought it introduced to be priority of the same

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00 CERTIFICATE OF DEATH 01479 funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a.\_STATE Anne Arundel Maryland Baltimore City 12 th MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à write RURAL and give neerest town) Baltimore = Crownsville 1 mo. 5 days d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? 1806 E. Fayette Street YES NO X Crownsville State Hospital DATE Month Day Year NAME OF Middle DECEASED Lawrence Martin 16 1962 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (ast birthday) Months Hours Male 1905 WIDOWED X DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Unknown U.S.A. Unknown 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detes of service) Unknown Hospital Records Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CATION PERFORMED? Dementia due to Encephalitis NO X CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) TOR: After to be detached CAL (State) 20f. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, Month, Dey, Year factory, street, office bldg., etc.) While Not While MEDI et work ar Work 1962, to 2/16 19.62 that (I) (we) last 19 62, and that death occured at 1515 M, from the causes and on the date stated above. DIRECT 3 should saw the deceased alive on...... 22e. SIGNATURE 2/16/62 NED ATTENDING MED X PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS Hildegard Heard Reissman, M. Crownsville State Hospital, Maryland 239 DURAL, CREMATION, 236. DATE THEREOF MAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Specify) 0:53 REGISTRAR 256. REGISTRAR'S SIGNATURE 25a, REC'D BY FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61 DATE arthur & thrus

24 hours after

within

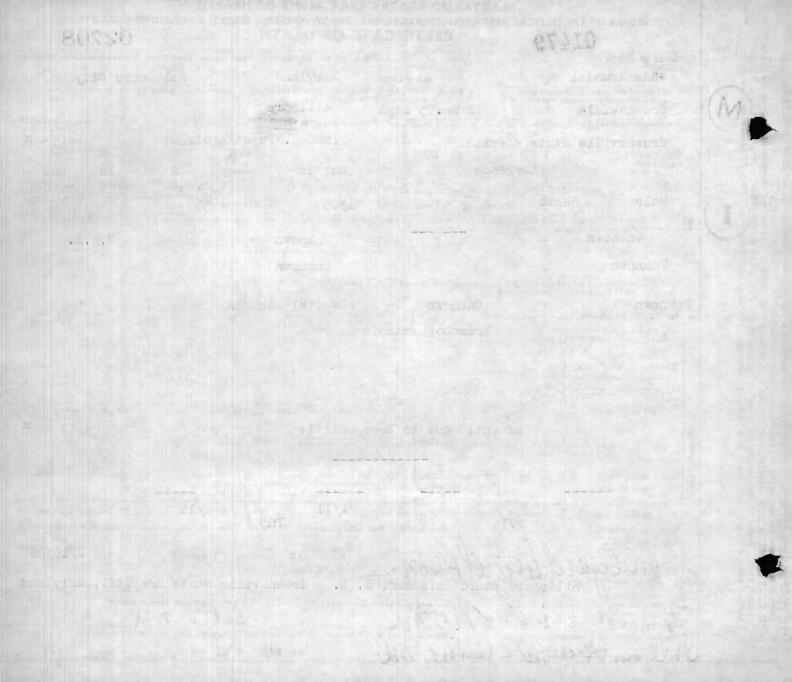
executed

certificate

requires that

OR

ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11480 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) a. COUNTY b. COUNTY ne Arundel a. STATE ryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) writa RURAL end giva nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Colonial Ave. Keenev's Apts. Keensy's Apt's \* Colonial Ave. 3. NAME OF DECEASED TILLIAN McDONALD MORRISON (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months March 5, 1897 Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Winchester, Virginia House wife own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Jane Kerns Stephen Dandridge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mr Charles W. Morrison- Husband - same as 18. CAUSE OF DEATH [Enter only one cause per line for (e). IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava risa to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) factory, street, office bldg., atc.) While No While Hour a.m. et work et work 19..., to 2 - 2-5, 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on. 2 2 3 19 2, and that death occurred at 15 M. From the causes and on the date stated above. 22e. SIGNATURE PHYS. DIRECTOR M.D. ADDRESS 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

death. Page O FUNERA. 0 VR A15 (4) 15M 9/60

REMOVAL (Specify)

PUNERAL DIRECTOR'S SIGNATURATE

Funeral Home

After

funeral

by the and 2 death.

24 hours after

Martinsburg, West Virginia

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Feb. 28. 1962 Rosedale Cemetery **ADDRESS** 

Annapolis, Maryland

DATE FFR 2 7 '62 Calling & Thomas

e. IS RESIDENCE ON A FARMI

YES NO X

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO A

> > (State)

SIGNED

(Stete)

USA

distant and

Simposite .

The second secon

atte steel 

separate and analysis

no sean - truckell -coligion. Marinet al 5337-08-032 on on

San the second of the second o

loging tunoral decor, annacelia, Manylonda esta de le le le

and and a faithful and a doub-

Partie Par. 28, 1912 Rosedade Un-tery Mark subury, Mark Virginia

7 7 7

VVVVVILV

HARLO ...

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ROWNSUI YES NO 405 mpletely NAME OF Elizab Middle Day Month Yaar OF (Typa or print) DEATH 1962 100 and cor 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) House wi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yas, no, or unkown) | (Ifyesgive war or datas of sarvica ng physician. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the undarlying 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 1(a) 19. WAS AUTOPSY PERFORMED? 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18. OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, offica bldg., atc.) Whila Not While Hour a.m. at work at work DIRECTOR: 21. | certify that (I) (this hospital) attended the deceased from 10/1. 1.24 .62 ..., 19 ....., that (W (we) last 6.0..... 19 ..... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR , PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S MULE STATE HOSSITA NAME (Typa) filed 23d LOCKTON 23a. BURIAL, CREMATION, | 23b. DATE THEREOF . NAME OF CEMETERY OR CREMATORY (Stata) 23c - F & OH 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

3: 5 5 3 \$ 7 SV. FLOREILING 22 Butter There I for the full am dear Elle to Hills. The state of the s

funeral director, uld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physicion.

Defined by the haspital or artificate has been signed by the attending physicion and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. may be retain TO FUNERAL D. VR A1S (4) 1SM 9/59

	04700	TE OF DEATH	01467
	1. PLACE OF DEATH a. COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE b. COUNTY	Residence before admission)
	b. CIT OR TOWN (If outside corporate limits, write RURAY and give nearest fown)	c. CITY OR TOWN(IIf outside corporate limits, write RURA	AL and give nearest town)
/	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The description of the descript	17 Cathedral S	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Leslie (Middle C	Last 4. DATE Month OF DEATH 2	Day Year
	S. SEX.   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS. Ionths Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	Mew York Cely	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME LES Ward Carle	Hatie dewitt	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. (If yes, give war or dates of service)	Craig Carle Myacs	k n.y.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Pulming	Metartone	INTERVAL BETWEEN ONSET AND DEATH  / - L Way
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Saroma	1 yr
)	Iying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter noture of injury in Port I or Part II of item 18.)	
	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. m.  p. m. 19 at work of work	ACE OF INJURY (Hame, Ferm, ctory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 200 1962, and that a	death occurred ofM, from the causes and	on the dote stated obave.
	220. SIGNATURE Frank Milliply	M.D. PHYS. ATTENDING MED. STAFF PHYS. PHYS.	22b. DATE SIGNED 2 - /2 - 6 Z
	22c. PHYSICIAN'S NAME (Type) & RANK M SHIPLEY	22d. ADDRESS  Amoptolia	, ruf
)	230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OF SURVIVE Felly 14-1962 Clock B	luff Cent Comapo	lo Me.
1	24 FUNERAL DIRECTOR'S SIGNATURE Suns and Commapolis	00,0	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

## FOR STATE HEALTH DEPT. TO DEPUTY SDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed within 24 hours after death. If any delay is necessary, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 01484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH by4580

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re e. STATE b. COUNTY	esidence before edmission)
Anne Arundel MARYLAND		La barrena I
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b	Maryland Annae c. CITY OK TOWN (If outside corporete limits, write RURAL end	give nearest fown)
Severn Few instants	Glen Burnie	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Nace Out Dane	7 / Mi D.3	YES NO
New Cut Road First Middle	1/ Thomas Rd. Month	Dey Yeer
(Type or print) Damala Care Dadmand	OF DEATH TO 1 200 1	10 / 0
ramera day rediiond	February 3rd	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 )  last birthdey) Months   D	Deys Hours Min.
F WIDOWED DIVORCED	2/28/54 7 yrs.	
	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
None Schooland Elem School	Memorial Hosp. Riverdale.Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
Louis S. Redmond	Margaret Louis Wampler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unkown)   (Ifyesgivewarordetesofservice)	INFORMAÑT Address	
No None	Mr. Louis S. Redmond (father)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	120020 10000000000000000000000000000000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Th	ONSET AND DEATH
	Fracture of pelvis.	Sudden
DUE TO		
Conditions, if any, which (b)		
geve rise to immediate cause (e), stating the underlying  DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
		YES NO A
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pert I or Pert II of item 18.)	
RIMARY A or CONTRIBUTING		
Automobile in thick	n she was riding slid and turned ACE OF INJURY (Home, form, 201. (City or town) (Coun	on the side.
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fact  1 20mp M 2/3/69 et work et work	ACE OF INJURY (Home, ferm, 20%, (City or town) (Countery, street, office bldg., etc.)	ity) (State)
1.20mP.M. 2/3/692 et work et worky Net	W Cut Road Severn A.A.	Md.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes . Accident . Suic		
death resulted from: Hardran causes	CHIEF MEDICAL EXAMINER	
SIGNATURE GUSTAN At archestr	111	
SIGNATURE SUSSAIL A DELLES IN	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER (X) 2/3/62	
NAME (Type) Gustave H. Faubert, M.D.	Address (Street, city, town, or county) Glen Bur	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
Busel 2/6/62 Mealance	Age Memback Darrey 1	handard
23. EUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIG	GNATURE
1/2/1/ IT Nauddoon der	12 SER 8 62 Cattle 8. 9	mark ()
New we rearest the state of	C. DATE ES O DE	

The state of the s THE RESERVE TO STATE OF STREET STREET, Lange Long Lange L County Towns of Switch County . Delete subarale and the time the second of the three of

Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Information from bill usual residence (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel County Marvland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) 116 Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 116 Conduit Street YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH February 13 19 62 Reid George 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TY 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months male WIDOWED T DIVORCED Jana 10a. USUAL OCCUPATION (Give kind of work hin 24 m. Give Pages 1, z, 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if relirad) pages 1 Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Hoch Reid Nancy Kirwan Weltin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or datas of service) " in pencil in Item 18 Office along with fa 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Pulmonary edema and intra-alveolar hemorrhages IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which (b) "pending" ( kaminer's C used as a b gave rise to immediate cause DUE TO (a), stating the undarlying should be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: writing by Chief / Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI While Not While Hour a.m. the :: Pa at work at work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection Inquiry and in my opinion death resulted from: Suicide Natural causes xx Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER should be for FUNERAL DATE SIGNED SIGNATURE Rudiger Breitenecker, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) February 14, 1962 Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 9 940 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. AISME Cathun & Heart 5M 9/60 2-002775

YLAND STATE DEPARTMENT OF HEALTH

The state of the second The Comment of the Property of the State of the Control of the Con the side paint salow bearent the works wrattened the paint of THE RESERVE OF THE PROPERTY OF THE STREET 1000

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAY CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore City Anne Arundel MARYLAND Maryland the 1 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give nearest town) 12 days Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2446 Cherry Hill Rd. Crownsville State Hospital 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH Robinson Eugene carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 48 (in years and Months Male April 4, 1913 WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Robinson Bertha ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address Yes, no, or unkown) (Ifyesgivewerordatesofservice) Unknown Hospital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (e), 4b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) metastote DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest. OTHER SIGNIFICANT, CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 35 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) et work p.n DIRECTOR: 21. | certify/that (|) (this hospital) attended the deceased from 2/9 1962 and that death occurred at 2:1000 from the causes and on the date stated above. 22e. ATTENDING DIRECTOR PHYS. PHYS. M D page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland McHenry Mapp, M. 23d. LOCATION (City, town or county) 23. BURIAL CREMMATION, 23b. DAPE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.4.8 200. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 RICE - GGI W. BARREST

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

19 62

IF UNDER 24 HRS.

1 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO [

(Stete)

22b. DATE

(County)

Chilling & Kraya

Year

24 hours within certificate requires that the HOSPIT

Sall of the sale o COMMENT STREET, STREET most refraction, i. I. . Court was a set of the second EPAS RICK - CERVI BRAKE ST.

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND 25 by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) 0043 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours YES NO V completely NAME OF 4. DATE Middle Day Year Month 72 DECEASED H (Type or print) DEATH 19 carbon within 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED and last birthday) Months WIDO WED DIVORCED physician remove 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) TTENDAN 13. FATHER'S NAME please 2 attending Then WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of service) remova attending physician. as been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) | 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? 0 NO use 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.m 19.62, and that death occured at 12.1. From the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR Acce M.D. page with t ADDRESS PHYSICIAN'S death. Page NAME (Type) director, be filed v 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) 23c. 6 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

The law requires that the death certificate be

15M 7/61

	0	3S	.⊑
	를	ě	70
	E	0	r
	tte	e	-
	0	声	2
	4		Ĕ
a	>	E	re
2	۵.	ē	0
<u>~</u>	ed	-	d
ā	6	ısi	.0
5	.2	Ta.	tec
ā	ea	1	P
ē	Pe	E.	C
=	S	P	-
-	4	0	.E
0	e	÷	ع.
9	G	as	0
S	Ŧ.	9	L
2	e	5	. E
Ф	S	ò	
Ξ	7	P	主
ੇ	e	he	ě
0	4	ac	1
9		det	0
ē	S.	8	to
re	S	۵	De
90	C	P	Œ
>	2	ŏ	tat
B	3	눇	S
	Ε	n	the state of
6	Ä	ge	ع
ag	2	ed	-
7	빚	2	-
ė	5	유	ě
ad	14	ě	4
ŏ	0	ō	مّ
	PH.	-	
K	Al	of a director, page 3 should be detached for use as the burial-transit permit. Then please	(4)
5/	N S	10	U

	Dunales .	N		ND STA	TE DE	PARTMENT						
	DIVISION	1487		CERTIF	CAT	OF DEA		ET, BALTIMO	KE 1, N	ARTI	1 A H	<b>Y A</b>
1.	PLACE OF DEATH	nne Arundel		MARY	LAND	a. STMaryl		dacaasad lived, If b. COUN		Residence A.A.	e belora	dmission)
	write RURAL and	foutside corporata limits, giva nearest town) over, Md	c. i	ENGTH OF STA	AY IN 1b	1	VN (If outside c	orporata limits, write yland	e RURAL ar	nd giva n	earast tov	/n)
		AL OR INSTITUTION (if n 14-D Dorse		give street add	ress)	d. STREET ADDR		orsey Roa	d			A FARM?
3.	NAME OF DECEASED (Typa or print)	First Martha		Middla P.		Sanderson	4. DAT OF DEA	- 1		Day	Yaa	62
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIE		. DATE OF BIRTH	- 0 - 0	9. AGE (In years	IF UNDER	1 YEAR Days	IF UNDER	24 HRS.
45	female	(	VIDOWED X	DIVORCE		anuary 29,		84 yrs.				
do	Housewife	ON (Give kind of work king life, avan if retirad)	10b. KIND O	F BUSINESS OF	r industr		Carolin		12. CI		S.A.	COUNTRY?
13	FATHER'S NAME Eden	Flowers				Margaret		nknown)				
(Y		R IN U.S. ARMED FORCE yasgivewarordatesofserv				NFORMANT Vis A.Gibb	s.Dorse	Address v Road. F		er.Mo	1	
	Conditions, if any gava rise to immedia (a), staling the urcause last.	ata causa derlying DUE TO	Car	e del	na a	ater of the s				ON	SET AND	DEATH
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION				OT RELATED TO THE TE			PAR		PERFO	NO P
CERT	OR CONTRIBUTING	CAUSE OF DEATH				,						
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yaar	Whila1	Y OCCURRED Not While at work		CE OF INJURY (Home, ory, streat, office bldg.		City or town)	(Co	unty)		(State)
		nat (I) ( <del>this hospital</del> ed alive on2						om the causes			te state	d above.
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Typa)	E. Rodenic	flyse 16 5 H	PLey	М	ATTENDING PHYS.  22d. ADDRESS 529	DIRECTOR PAMP	PHYS.	2 <i>[</i>	Local	221	SIGNED
23 B	BURIAL, CREMATI	2-21-62		NAME OF C	_	or crematory metery		cation (City, to saltimore	wn or coun	ity)	(S	tata)
	funeral director	's SIGNATURE c., 1217 St.	Paul S	ADDRESS treet,	Zone			GISTRAR 25b. RE	GISTRAR'S			

2 - 1211

November 1 have grapped added a server

there delighted

Elisabel Shortey Stilling throads Staden

Troformal grades. Ja de-Meio

TOWN COOK, MICH. S. P. Bur. Bur. Bur. Con. Con.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01488			CERT	IFICA	TE	OF DEA	TH	al-		0	14	72	
1. PLACE OF DEATH	Arundel	7.20	<u>m ∠ #1.±m</u> M/	ARYLAND	2. 1	JSUAL RESIDENC STATE Marylar	E (Wh	ere decease	d lived. If instituti b. COUNTY		ice befor	re admiss	ion)
b. CITY OR TOWN (II	f autside corporate lim	its, write	c. LENGTH OF ST	AY IN 1b				utside corpo	rote limits, write R	URAL ond	give neo	rest tawn	1)
Glenn Bu			17 mon	ths		Baltimo	ore	23	. Md.		2 V	01.	4
d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street address)					d. STREET ADDRE	SS	6 Nor	th Calho	oun S	t.	e. IS RES	IDENCE
OR INSTITUTION	or Nursing	Home				Baltime	óré		Hospital				FARM?
3. NAME OF DECEASED (Type or print)		rst Sa	Mid	ddle		Last		4. DATE OF DEATH	Februar	1th	Da	•	Yeor 19 62
S. SEX	6. COLOR OR RACE			RRIED	8. DA	TE OF BIRTH			9. AGE (In years				ER 24 HRS
Female	White	WIDOW		RCED 🔲	1	12-14-188	33		last birthday) 70 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATIO during mast af wark Unknown	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINES	S OR INDU	STRY	11. BIRTHPLACE	(Stote	or foreign o				CANAL C	USA
13. FATHER'S NAME					14.	MOTHER'S MAIL	DEN N	IAME					
Unknow	n					Unknow	n						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17. II	NFORA	MANT			Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of		15-01-140	)3 M	70.	Marani,	Bal:	to.D.I	P.W.				
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	o) Ca	rcinoma turgery ir	reast			Но	enite]	Sent 19	61)		mon'	QEATH
Canditions, if or gave rise to in couse (a), stating lying couse lost.  PART II. OTH	the under-	b)	CONTRIBUTING TO								RT 1(a) 1	9. WAS	AUTOPSY ORMED?
3 Cardio	renal vasc	ular	disease							196.73		YES 🗌	NO
U (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (En	iter nature of inju	iry in F	Part I ar Par	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of wor				OF INJURY (Hame street, office bldg			or town)		County)		(State
	t (I) (this hospital and alive an Fe			ind that d	death	accurred at	5P	M, fram	the causes ar			stated	
To NUMBER	-or VII	1/66	W		M.D.	PHYS.	DI	RECTOR [	PHYS.		2-6	0 <del>-</del> 17	02
22c. PHYS/CIAN'S NAME (Type)	James M.P	air,	M.D.			22d. ADDRESS	. C	arrol	lton Aver	nue B	alto	.23	Md.
23a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL		OF	23c. NAME OF C						TION (City, tawn, timore C			(Stat	te)
24. FUNERAL DIRECTOR			ADDRESS			25a		D BY REGIS		ISTRAR'S S	10 0		76-
Mm.cook, Inc.	, 1217 St.	Paul	Street,	ZONE 2	2	DAT	TE §	ER 26	'62	inthur	S. Th	white	

01472			. *
	Mary Services		
			paper more
			of antes forest median for
A 15		0.000	
	12+18-1853		refine plant
All Market			p.onin.
			The second second
	B. OFFINA Reference	e tott-m-are	
	dal con hour		
	at the same of	SEC. EX STREET	
12.12.	20dgar . 2.dgar		.09
40,400			
· · · · · · · · · · · · · · · · · · ·	toring miles	To the state of th	anti-tierest
Maria State			Z-st- Maria
		Charles Developed	STATE AND PERSON

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01489 I director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND eral be f b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write-RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give stree d. STREET ADDRESS OR INSTITUTION .= NAME OF Middle 4. DATE filled I DECEASED OF DEATH (Type or print) death 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) after Months WIDOWED IT DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fereign country) during most of working life, evenif retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 200 \_ the death certificate attending physicial and a second of the seco with 15. WAS DECEASED EVER IN 17. INFORMANTA Address event 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO that px Conditions, if any, which permit. gned gove rise to immediate DUE TO cause (a), stoting the underlying cause last burial-transit physician 0 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate SID 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur a. m. While Nat while p. m. ot wark at wark 21. I certify that (I) (this haspital) attended the deceased from. , 19\_\_\_, that (1) (we) last and that death occurred of M. from the couses and on the date stated above. sow the deceased alive an 220. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. M.D. 0 Board 22c. PHYSICIAN'S 22d. ADDRESS should NAME (Type) noy be retai page 3 the State DATE THEREOS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL, CREMATION. 23b. 24. FUNERAL DIRECTOR'S SIGNATURE 25h REGISTRAR'S SIGNATURE ADDRES 25a. REC'D BY REGISTRAR 2 8 '62 DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

01473--

Day

Days

(County)

e. IS RESIDENCE

YES NO T

Year

19

Min.

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO Z

> > (Stote)

22b. DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Large No. 100 St. Astron.

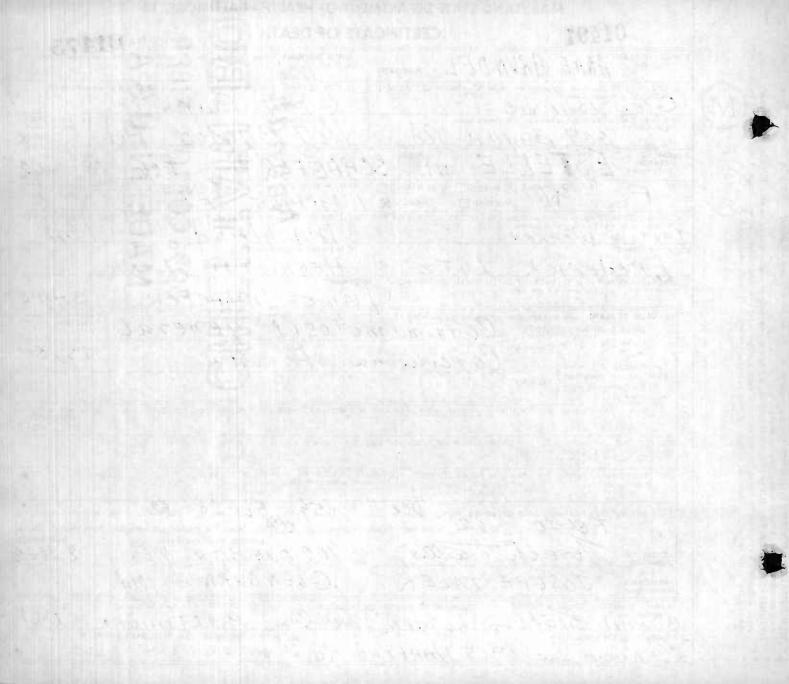
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY ector. Page files. Health, e. STATE b. COUNTY Anne Arundel County Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give necess town write RURAL and give nearest town) Jessups Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 640 W. Franklin St. Maryland House of Correction State YES NO NO NAME OF Middle 4. DATE Dev Year DECEASED (Type or print) DEATH February 19 62 CHARLES SAWYER. 19 H. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years LIF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months male colored WIDOWED | DIVORCED 38 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Give Pages 1, 2, orm PM3. Page done during (host of working life, aven if retired) aure pages 13. FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hypertensive cardiovascular disease IMMEDIATE CAUSE (e) DUE TO burial Conditions, if any, which (b) "pending" gave rise to Immediate cause DUE TO (a), stetling the underlying cal Examiner Partial pe nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CATION ificate, writing the word " I to the Chief Medical Ex TOR: Page 3 should be u PERFORMED? YESKY NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I of Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. prior et work et work Partial 21. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 2-26-62 Mt Auburn Z40 Baltimore Md 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Adolphus Halstead 918 Druid Hill Ave. Cirthury S. Thousa 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

THE REPORT OF THE PARTY OF THE . switzened lent year the same and the contract of the contract of . wo . Can be to to the first behave a first to the

that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01492 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Brukklin PK Brookly 12 px within e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 1. tan mondo has 3. NAME OF Middle DECEASED OF DEATH 19 62 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX ast bythdey) Months Hours certificate be physician and WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) to usen Ite FATHER'S NAME Fol u ber Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) [ (Ifyes give war or dates of service) Same INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 104111 IMMEDIATE CAUSE (a) DUE TO I arteriosclerke C.V. diseas Conditions, if any, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? hon of op of com one NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from. Wac., 15 19 2 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. M.D. idn a 22d. ADDRESS ZZc. PHYSICIAN'S Pennington Ave. Balto. #26, Md idney Gehlert, M.D. 4700 (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMONAL (Specify) -20-62 S<sub>L</sub> 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

3.771 Salar Sen sugar ord gard a second of the Pag when were lose 25 -25- 35 Hermalle may com - THE STULL Some some roundy Richel orthodorne generaly a stance to the Car forms -Temper al har of grangemental es the et and 2/11/12 Ashing to Leet will all all the contingent tye. The season to 2-10-6 Chamber Con Chamber Miller Frencheson 1806 Lopen

in by the funeral The law requires that the death certificate be executed within 24 hours after IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Page may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page tiled with the State Dept. of Health prior to burial, cremation, or removariand in any event, within 72 hours MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01477

	01770						
1. PLACE OF DEATH a. COUNTY			2. USUAL RES		re deceased lived, If b. COUN	ITY .	nce before admission)
	me Arundel	MARYLAND		Md,		Anne	Arundel
b. CITY OR TOWN (if	outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give	e nearest town)
Annapoli		Life	10	Annapol	Ls		
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADE				e. IS RESIDENCE
59 Calvert	Stroot		50	Calvert	Stroop		YES NO X
3. NAME OF	First	Middle	Last	4. DA		n Da	
DECEASED	1,11,21	Middle	Fazi	OF		n Da	y Tear
(Type or print)	CHARLES	ALBERT SCIS	20	DE	Feb.	4	19 62
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 3	DATE OF BIRTH		9. AGE (In years last birthday)		
M			Sept. 6-1	883	78 yrs.	Months Days	Hours Min.
Oa. USUAL OCCUPATION		. KIND OF BUSINESS OR INDUSTR				12. CITIZEN	OF WHAT COUNTRY
done during most of work	king life, even if retired)						
Gen. U	tilities Reti	red Naval Acad.		lis, Md.		U.S.A	
3. FATHER'S NAME			14. MOTHER'S MA				
Charles	Scisco		Sadie Sa	ands			
5. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
No No	yesgive war or dates of service)	219-16-0100 Zo:	ra G. Sci	sco-59 f	alvert St	Anna	Md.
	EATH [Enter only one cause p			000 )/	2011010 00		NTERVAL BETWEEN
			- 47			C	NSET AND DEATH
	MMEDIATE CAUSE (a)	ngestive Heart F	allure				5 yrs.
1743	DUE TO HAVE	pertensive Scler	otio Dice				30
Conditions, if any,	which ) (b)	ber ceusive peter	OUTC DIRE	ase			10 yrs.
gave rise to immedia	le cause						
(a), stating the un cause last.	derrying						
	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T DELATED TO THE	TERMINAL DISE	A SE CONDITION GIV	EN IN PART 1(a)	19 WAS ALITOPSY
5 PARI II. OTHER	SIGNIFICANT CONDITIONS C	ON THE BUT NO	I KELATED TO THE	TERMINAL DISEA	43E CONDITION GIV	EN IN FART I(a)	PERFORMED?
5							YES NO
PART II. OTHER  20a. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY)	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED.	(Enter nature of inju	ury in Part I or P	art II of item 18.)		
20c. TIME OF INJUR	Y Month, Day, Year   20	d. INJURY OCCURRED   200. PLA	CE OF INJURY (Hom	e, farm, : 20f.	(City or town)	(County)	(State)
Hour a.m.	W	Title part of the line	ory, street, office bld	g., etc.)			
	12	work at work	**				
21. I certify th	at (I) (this hospital) att	ended the deceased from	March 9	, 1957,	toFeb	, 19.62,	that (I) (we) las
	ed alive on Feb.	4. 19.62 and that	death occured	at 11am	rom the causes	and on the	
22a. SIGNATURE	dore H. G.	hum Ml M	ATTENDING PHYS.	MED.	STAFF PHYS.	2/6/	6 2 DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	T.H.Johnson		22d. ADDRES	247	Street Ann	apolis.	Md.
3. RURIAL CREMATIC	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		LOCATION (City, to		(State)
REMOVAL (Specify) Burial	Feb. 8-62	Brewer Hill			nnapolis,		,
4 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	25		GISTRAR 256. RE		ATURE
C.E.Hic	cks 111 Anna	apolis, Md.	DA	TER 13	62 cm	inul S. Kras	46

VR A15 (4) 15M 7/61

Echarate oznak w 50 JEINEY, SHEED chosens Asimus School Commission 67 - 1887 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 -Carry Diddle (And Anthree Story Deed, Deed Budie store The court of the contract of the court of th sentire trade svirusand . 3 TO C Superior office of the principles \* \*\*\* G (75) March 5 157 Nell. 4, 52 Leon burset durated agel Marin Color Color Brown Hill L.D. Liferman S. S. Sholte Ind.

/	DIVISION OF STATISTICAL RESEARCH AND REC	_		STREET,	BALTIMOR	E 1, MARY	LAND	
	01494 CERTIFI	CATE	OF DEATH	162 is	ule	014	78	
1.	PLACE OF DEATH	11	2. USUAL RESIDEN	ICE (Where de			ence before edm	nissio
4	A A 3 - 3	RYLAND	e. STATE Maryla	nd	b. COUN	lvert	V	
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)		c. CITY OR TOWN				e neerest town)	
-	Crownsville 10 mos.	years	s Dares	Whanf		04x	- 2	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street ed	ddress)	d. STREET ADDRESS			U / T	e. IS RESII	
-	Crownsville State Hospital		9				YES N	
3.	NAME OF First Middle	8	Last	4. DATE	Month	n De	,	
	(Type or print) Carrie		Scott	OF DEATH	2	13	1962	)
	SEX 6. COLOR OR RACE 7. MARRIED NEXER MAR	nourn Seel 8.	DATE OF BIRTH	19	. AGE (In yeers			
	Negro Sinz.	Tell		1923	last birthdey)	Months Deys		Min.
in	B. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS				7.00	12 CITIZEN	OF WHAT CO	INTE
d	one during most of working life, even if retired)	- K HADOSIKI		land	loveldu conuity)		S.A.	SITIK
10	Unknown FATHER'S NAME		14. MOTHER'S MAIDEN			0.	D.A.	
13	Leroy Scott							
11				rie Par				
	6. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (es, no, or unkown)   (Ifyesgivewerordetesofservice)		NFORMANT		Address			
_	No Unknown		Hospital Re	cords				
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Diabetes Mellitus							ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (*)  Diabe	etes me	ellitus					
	DUE TO							
	Conditions, if eny, which (b)				1000			
	geve rise to immediate cause (e), stating the underlying  DUE TO							
	ceuse last. (c)			C. C.				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT	T RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUT	
ATI								X
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUROR CONTRIBUTING   CAUSE OF DEATH	RY OCCURED.	(Enter neture of injury in	Pert I or Pert I	l of item 18.)			
CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
S	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED	D   20e. PLAC	CE OF INJURY (Home, far	m, 20f. (City	y or town)	(County)	(St	ete)
MEDICAL	Hour e.m. While Not While et work at Work	Tecto	,, street, office blag., etc					
	21. I certify that (I) (this hospital) attended the decea	ased from	3/26	19.45 to.	2/13	, 19.62	that (I) (w	e) li
	saw the deceased alive on 2/13 1962	and that	death occured at		the causes	and on the	date stated	abo
	22e, SIGNATURE	, and ma			1110 00000		22Ь, І	DATE
	1 Desertion.	м.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/1	SIGN
	22c. PHYSICIAN'S	771.1	22d. ADDRESS					110
	NAME (Type) L. Benedict, M. D.		Crownsvi	lle St	ate Hosp	ital, M	aryland	
	30. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF	F CEMETERY C	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(Stete	e)
2.	REMOVAL (Specify) 1-17-62 PP.	in to	acut		lveri	_	m	d
2.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	77.0.7	, 25e. RE		TRAR 25b. RE	GISTRAR'S SIGN	NATURE	
-	Pinkray & Consell Pi	no La		EB 2 0 '6	2			
	in the state of th	in fine	TO CIVALE			verses & The	au l	
				-				

MARYLAND STATE DEPARTMENT OF HEALTH

No	1
10	(
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath. Page may be retained by the hospital or attending physician,	FUNEX. PIRECTOR: After this certificate has been signed by the attending physician and completely the funeral lifector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defith.
ours	34
4 h	by dead
-	E 10 5
within	Trays
Pe	sers. 2 ho
Xecu	omple page in 7
9	rbor wit
e e	en al
rtific	ysici emo
0	os r
deat	pleas
<b>1</b>	atter Then Val. 2
that n.	it. ]
uires 'sicia	d by perm
requ	igne nsit fion,
law	en s l-tra
The	buria
N. P	the the
CIT	ifica e as
PS	r use
PH the	this alth
ING d by	After ache f He
END	pt. o
ATT	De Pel
OR L	Shou State
13 E	to of
PE 99	pag with
OSP.	JAK.
HCeath	FI G

VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01495 CERTIFICATE OF DEATH 01479

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis 8 hours	X RURAL - Edgewater
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Anne Arundel General Hospital	Rt1 Box-333
3. NAME OF First Middle	Rt-1, Box-333 YES NO Last 4. DATE Month Dev Year
DECEASED	OF
Arthur .	SEITZINGER   DEATH February 1 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED N DIVORCED	April 26, 1895 66 yrs. Months
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
PHARMACIST ROT. PIARMACIST	Pennsylvania U.S.
13. FATHER'S NAME	Fennsylvania U.S.
William me Soitainger	m. D. m.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17.	yary Jane Horse
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (Ifyespivewer or detes of service)	INFORMANT   BY Address Box 275
Tes W.M. I	Greyn Ingell Edgewater met
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) HE DEFIC Suclease in	lue to metastatie cursuloma 3 weeks
DUE TO	
	the monereus 4 months
gave rise to immediate cause	ne punctus 4 montus
(a), steting the underlying DUETO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
I	YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO STATE OF CONTRIBUTING TO DEATH BUT NO STATE OF CONTRIBUTING OF DEATH OF DEATH OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTI	D. (Enter nature of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PI	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour e.m. While Not While 19 work et work	ctory, street, office bldg., etc.)
	7/01. 6 196/., to
	at death occured atM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Muchand L. Mochman	M.D. PHYS. DIRECTOR PHYS. 1
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Richard I. HOCHMAN	59 Franklin St., Annapolis, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF   23g. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	notional / secondal mod
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Colon M. Leuler Sons Comah	who W.A
	194 DATEFEB 5 '62   Chilling S. Krous

10 10 10 10 10 10 10 10 10 10 10 10 10 1	n de la companya mat	
Leteral on		
	Control - Lewis - Alexandria	
		A Company Company Company Company of the Company of
	1 01251242	
	Land of the control of	
N	ei ei de de la	AND THE PROPERTY OF THE CONTRACT OF
		graduation of the production o
		APPEAR OF SALES AND APPEAR OF THE SALES
	The second of the second	

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 01480CERTIFICATE OF DEATH 01496 Poge director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND ofter death. b. CITY OR TOWN (If outside corporate limits, write BORAL and give nearest tawn) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) masous d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION STREET ADDRESS e. IS RESIDENCE ON A FARM hours YES NO 1F W000 VURSING 2 4. DATE OF DEATH NAME OF Middle Month Last Day Year DECEASED (Type or print) S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Sfter Days Haurs WIDOWED DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? mg most of warking life, even if retired) metal Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per-line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Manth. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m 21.1 certify that (1) (this hospital) attended the deceased from. MARCH, 1960, to 2-15, 1822 that (1) (we) last 19 Fand that death accurred of AM, from the causes and an the dote stoted above. saw the deceosed olive on, 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR | 22c. PHYSICIAN 22d. ADDRESS FUNERAL poge 3 the State 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 0 FUNERAL DIRECTOR'S SIGNATURE DDRESS 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 15M 9/59

LAND STATE DEPARTMENT OF HEALTH

OPINE A STATE OF THE PERSON

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEARTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before edmission) . COUNTY **b\_COUNTY** or. Page rr files. f Health, Same nne Arundel MARYLAND Same b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Glen Burnie Same d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State Same YES NO T 1506 Gov.Ritchie Highway NAME OF Middle Last 4. DATE Month Day DECEASED (Type or print) Thomas P. Shipley February 5th. 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months Devs Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired Clerk at the Md. Dry Dock Glen Burnie, Md. USA vithin 14. MOTHER'S MAIDEN NAME Rose Pumphrey it. File Carl H. Shipley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Office along with burial-transit perm Mrs. Clara Shipley (wife) 218-18-8736 No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Sudden = PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO removal. pluods Conditions, if eny, which (b) geve rise to immediate cause 10 DUE TO (e), stating the underlying Examiner cause jest. remation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert il of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. writing by Chief / 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) MEDI While Not While Hour e.m. prior et work et work orwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | Inspection 3 and in my opinion EDICAL orwarded Accident death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE 2/6/62 DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S pluods Glen Burnie, Md. NAME (Type) Gustave H. Faubert, M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 940 ö Glen Burnie, Maryland 8th Feb. 162 Glen Haven Memorial Park Buria 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME. William S. Thomas Glen Burnie. Md. SETE 1 3 '62 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

A time with the body as the holds will be to be with the provenience of the state of the sta William Towns Towns Towns Single of the control of the control

		SEARCH AND RECORDS	OF DEATH	STREET, BALTIMO	RE 1, MARY	LAND	
	01498	CERTIFICATI			OTa	182	
1	PLACE OF DEATH  o. COUNTY			(Where deceased lived, If i b. COUN		ce before ed	mission)
1	Anne Arundel	MARYLAND	e. STAJE Maryland		Anne A		
1)	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	1	outside corporete limits, write	RUKAL and give	neerest town	
_	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in	D.O.A.	Brooklyn , d. STREET ADDRESS	Park		e. IS RES	IDENCE
				1774-m D-m3		ON A	FARM?
3.	Anne Arundel Gen. Hosp	Middle		illtop Road	Dey	YES 1	NO IV
	(Type or print) Rufus O.	Simmons		of DEATH Februa	ry 24,	19 6	- 1-0
5.		ARRIED NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In yeers last birthday)	Months Deys	Hours	24 HRS. Min.
			May 24, 1878	83 yrs.			
10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  Carpenter	Construction	11. BIRTHPLACE (County  Maryland	& State, or foreign country)	U. S.		UNTRY?
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	William Simmons		Emma Ruarl	2			
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown)   (Ifyesgive weror deles of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address			
''	No (myesgive wer or deres or service)	215-03-2903 Mr	s. Hattie Sin	nmons Same			
	18. CAUSE OF DEATH [Enter only one ceuse			1-		TERVAL BETW	
	PART I. DEATH WAS CAUSED BY:	ardes - 6	asanla	Viscase		2-3	y
	T DUE TO	Takerio-	1.1				/
	Conditions, if eny, which	skered - 1	XURAGOS	**	/	0-1	2-9
	geve rise to immediate cause (e), stating the underlying						
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1(e)   1	19. WAS AU	TOPSY
0						PERFOR	MED?
Ĕ						YES TO N	IO IVI
FICATION	200. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Per	t   or Part    of item 18.)		YES N	10 🗓
CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Per	t I or Part II of item 18.)		YES   N	10 [X]
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,		(County)		State)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.	20d. INJURY OCCURRED   20e. PLA While Not While fect					30
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19	20d. INJURY OCCURRED   20e. PLA While Not While fect t work et work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(S	State)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m.  19  21. I certify that (I) (this hospital) a	20d. INJURY OCCURRED   20e. PLA While Not While fect t work et work ttended the deceased from	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	that (I) (w	State)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital a saw the deceased alive on	20d. INJURY OCCURRED 20e. PLA While Not While fect t work et work ttended the deceased from	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	that (I) (wate stated	Stete) we) las above
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m.  19  21. I certify that (I) (this hospital) a	20d. INJURY OCCURRED 20e. PLA while Not While twork tended the deceased from	CE OF INJURY (Home, ferm. ory, street, office bldg., etc.)  death occured at	20f. (City or town)  2, to	(County), 195, t	that (I) (wate stated 22b.	ve) las above
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital a saw the deceased alive on	20d. INJURY OCCURRED   20e. PLA While Not While fect t work et work ttended the deceased from	CE OF INJURY (Home, ferm. ory, street, office bldg., etc.)  death occured at	20f. (City or town)  2, to	(County), 195, t	that (I) (wate stated	we) las above
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital a saw the deceased alive on  22e SIGNATURE  22c. PHYSICIAN'S	20d. INJURY OCCURRED 20e. PLA while Not While twork tended the deceased from	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  death occured at	20f. (City or town)  2, to	(County), 1954, the and on the definition of the definition	that (I) (wate stated 22b.	Stete)  ve) las above  DATE SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital a saw the deceased alive on	20d. INJURY OCCURRED 20e. PLA While Not While et work tended the deceased from	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  death occured at	20f. (City or town)  2, to	(County)  195(, the date of thicum, in	that (I) (wate stated 22b.	ve) las above DATE SIGNED
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m.  19  21. I certify that (I) (this hospital a saw the deceased alive on  22e, SIGNATURE  22c. PHYSICIAN'S NAME (Type) Charles L. E	20d. INJURY OCCURRED 20e. PLA While Not While et work the et work	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  death occured at	20f. (City or town) , to	(County)  195/, that and on the destriction, is the cum, is the cu	that (I) (wate stated 22b. b. 26,	ve) lasi above DATE SIGNED
WEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19  21. I certify that (I) (this hospital a saw the deceased alive on  22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Charles L. E  10. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Feb. 27, 19  11. EMPLEAL DIRECTORS SIGNAPPRE	20d. INJURY OCCURRED 20e. PLA While Not While et work the et work	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)  death occured at	, to	(County)  195(, the and on the description of the cum, in the cum,	that (I) (wate stated 22b. b. 26, M2.	ve) las above DATE SIGNEI

1 11 2000 the contract of the second of Catalan L. Sales THE PARTY OF THE PARTY OF THE PARTY. And the test of the state of th

				ì
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		UNER DIRECTOR: After this certificate has been signed by the attending physician and completely firstly the funeral	Plugas Z And	deather a
n 2		ATT.	100	Her
withi	1	1	20	L'S
ed		tely	ers.	Po
ecut		nple	ded	772
ex ex		00	HOO	/ithiu
e pe		and	carb	J.
ficat		ician	OVe	evel
certi		shysi	rem	any
ath		ng p	ease	2
a de		endi	Id u	U.C.
# th		e att	The	levo
s the	an.	y th	mit.	rem
uire	ysici	q pe	per	or or
req	1 ph	signe	ansit	ation
Me	ding	Sen	al-tre	rem
The	after	as be	buri	0
Ä	0	te h	the	buri
CIA	pital	ifica	9 95	10
S	hos	cert	r us	Drio
PH	the	this	o p	HH
ING	d by	After	ache	F He
N	aine	R: /	det	o .
LI	e ref	TO	eq p	Dec
区区	y be	REC	nou	tate
0	ma	O	3 5	he S
TAI	h. Page may be retained by the hospital or attending physician.	O.S.	age	ith t
SPI	Pa	NE	or, p	3
0	Ŀ	D	5	le

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  01483
M	1. PLACE OF DEATH a. COUNTY  Anne Arundel b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Severna Park  2. USUAL RESIDENCE (Whare deceased lived, if Institution, Residence before admissio e. STATE b. COUNTY  MARYLAND  MARYLAND  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)  Severna Park
X (st	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  48 Baltimore & Anneplia Blvd.  Anneplia Blvd.  Anneplia Blvd.
	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HR: last birthday) Months Deys Hours Min.
	Male   White   Widowed   Divorced   29th Sept. 61   y*. 4   6    10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. DIRTHPLACE (Country & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Country & State, or foreign country)
1	13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME    15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   Address
diai, deligii, di	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPS'
0	PERFORMED? YES NO PERFORMED. Y
	County   C
	21. I certify that (I) (this hospital) attended the deceased from lept. 30, 1961, to Folk 1967, that (I) (we) is saw the deceased alive on February 1967, and that death occurred all 1,247, from the causes and on the date stated above 226. DATE
	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR D
a	Clayton Norton Severna Park, MG.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stota) REMOVAL (Specify) Burial Pab 6th 1962 Cedar Hill Cemetery Brooklyn, RFD, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
" B	Achard & Simplificon Glen Burnie, Md. DATEFEB 8 162 CITTUM S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

Total and the second present the second seco Cillian Colores the Cappania and American A STATE OF THE STA Cencher Chemon hand Congressial Heart Discover the state of the state of the Clay tow ) selve South to Feb. E. 1962 Cader 1122 Seastery to Thinklyn, this, they are 

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Gailna Q 4 should be cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Poge b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR INSTITUTION (If not in hospital, give street address) d. NAME OF HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO registrar NAME OF DECEASED Middle 4. DATE Last Day Month Year (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs Min. WIDOWED DIVORCED | yrs. 10d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME 15. WAS/DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] MITERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. While Not while a. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and find that Natural causes 4. Accident Suicide . Homicide , Undetermined cause DATE SIGNED SIGNATURE CHIEF MEDICAL EXAMINER forwarded. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 1-12-62 NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) MOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) athur S. Kinus SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY 6. course ande MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS .= NAME OF Middle DATE Month filled DECEASED (Type or print) DEATH S. SEX COTOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) DIVORCED | WIDOWED | af ISUAL OCCUPATION (Give kind of work done 10b MIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE Jung life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). atten PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an , and that death accurred a P.M. fram the causes and an the date stated above. 220. SIGNATURE ATTENDING MED. DIRECTOR LLE M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) page the St EMOVAL (Specify 25b. AEGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE FER aring & Thous 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

VR A15 (4

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO D

that (I) (we) last

22b. DATE SIGNED

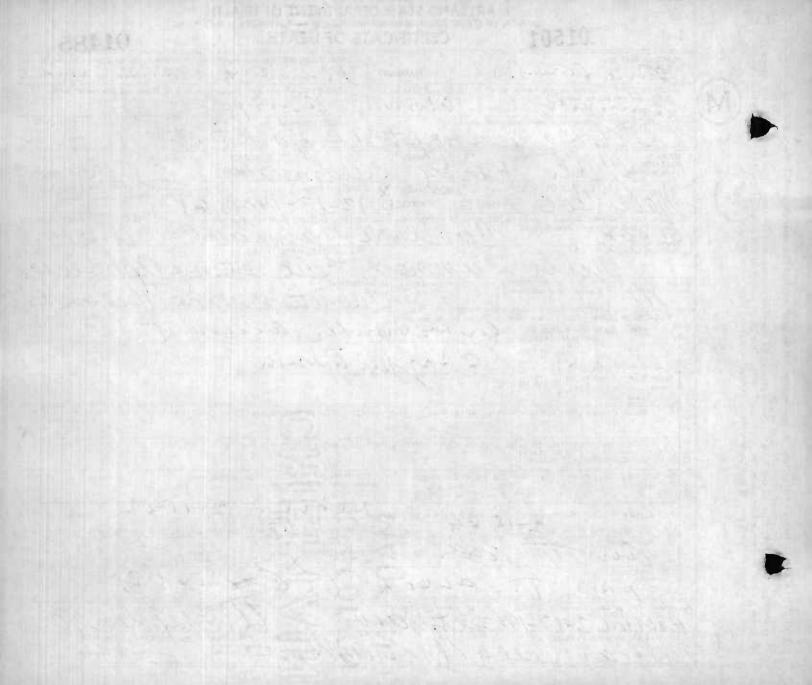
(Stote)

Days

(County)

Months

Year



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01502 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY Anne Amindel MARYLAND Maryland Baltimore City b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) l year Crownsville mos. 21 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A Crownsville State Hospital 895 Boyd Street 3. NAME OF Middle 4. DATE Month Year DECEASED OF Abran (Alias: Abraham) (Type or print) Taylor DEATH 12 1962 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthday) Months Male Negro WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done furing most of working life, even if retired) U.S.A. Virginia Lozbolien 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please George Taylor Marlia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address or pnkown) | (If yes give wer or dates of service) Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c), INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Subdural Hemorrhage IMMEDIATE CAUSE (e) DUF TO Hypertensive Cardiovascular and Renal Disease geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO [ 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street\_office bldg., etc.) While -Not-While et work et work saw the deceased alive on 21 19.62, and that death occured at 1:45%, from the causes and on the date stated above. may b OR 22b. DATE 22e. SIGNATURE DIRECTOR X PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS Benedict, M. D. NAME (Type) Crownsville State Hospital, Maryland 23d LOCATION LOW town or County 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY (Stete) S G & B 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH

1	X	MARYLAND STATE I DIVISION OF STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLAND
le P	1	01503 CERTIFICA	TE OF DEATH	01487
the funeral d 2 should		1. PLACE OF DEATH  •. COUNTY  Anne Arundel  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institutio a. SIATE b. COUNTY Waryland Wicom:	
in by the	M	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Crownsville  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL Salisbury	
sly for	10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Crownsville State Hospital	d. STREET ADDRESS 733 Richmond Avenue	e. IS RESIDENCE ON A FARM? YES NO X
papers. in 72 ho		3. NAME OF First Middle DECEASED (Type or print) Maria	Lest 4. DATE Month OF DEATH 2	Day Year 27 19 62
and co carbon nt, with		5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOT	B. DATE OF BIRTH  July 23, 1891  9. AGE (In yeers   IF UNDE less birthday) 70 yrs.	R 1 YEAR   IF UNDER 24 HRS.
physician a remove c		Unknown		U.S.A.
ding pleas	T	John Williams	14. MOTHER'S MAIDEN NAME  Unknown	
the after nit. Then removal, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Unknown 219-05-8417	INFORMANT Address Hospital Records	
d by perr		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Wyocardial In	nfarction	INTERVAL BETWEEN ONSET AND DEATH
a law requading physeen signe ial-transit cremation,		Conditions, if eny, which (b) Coronary Occi	lusion	
N: The or aften e has be the burish cu		geve rise to immediate ceuse (a), steting The underlying ceuse last.  Coronary Arte	eriosclerosis	
ASICIAN hospital certificate r use as the prior to b	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  Diabetes Mell  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF LITTLE THER. NOTIFY MEDICAL EXAMINER!		ART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
PHY: the he this ce d for u alth pri			D. (Enter nature of injury in Pert I or Pert II of item 18.)	
NDING lined by R. After detache t. of He		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL. While Not While 19 work at work 20	ACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	County) (State)
OR ATTEN may be retain DIRECTOR: should be d		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	1/26 1962, to 2/27 1 death occured a825	
+ = = = = = = = = = = = = = = = = = = =		22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR X PHYS.	22b. DATE SIGNED 2/27/62
HOSPITA ath. Pag FUNER. ector, pag filed with	1	22c. PHYSICIAN'S L. Benedict, M. D.	22d. ADDRESS Crownsville State Hospital	
TO FI direct direct be fil		238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2) Wiranin Sales	my soul
VR A1S (4) 15M 7/61 (	B	Shuton & Stewart By Salestin	25a. REC'D BY REGISTRAR, 25b. REGISTRAR	'S SIGNATURE \ Thank
	0	111-1-210		

1 1 1 1 1 1

nest let

. THE LAND I

Marie VIII Recognitive Pr. 17

THE STATE OF THE

SO-combined to Loroll Tinterestor

Landing it is leading a start of tracers to the interest of

Slaining.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01488

-											
1.	PLACE OF DEAT	Н			11	2. USUAL RESIDEN	CE (Where			nce before	edmission)
	Anne Ar	rundel		MARYLA	LND	a. STATE Marylan	đ	b. cour Ker	it		1/
-	b. CITY OR TOWN	(if outside corporete limit	ts, c	LENGTH OF STAY		c. CITY OR TOWN (				nearest to	wn)
	Crowns			2 mos.14 d		Chester	town		14	LX .	2_
	d. NAME OF HOSP	ITAL OR INSTITUTION (	f not in hospita	al, give street eddress	)	d. STREET ADDRESS					A FARM?
		ville State	Hospita	al		Unknown					NO X
3	NAME OF DECEASED	First		Middle		Lest	4. DATE		n Day		
	(Type or print)		adys	Pearl		Thomas	DEAT	тн 2	28	3 19	62
5	, SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In yeers last birthday)	IF UNDER 1 YEAR		R 24 HRS.
	Female	Negro	WIDOWED			vember 8, 1	916	45 yrs.	Months Days	Hours	Min.
1	On. USUAL OCCUPA done during most of w Housewi	TION (Give kind of work orking life, even if retired	10b. KIND	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Coun	-	or foreign country)	U.S.		COUNTRY?
1.	3. FATHER'S NAME				1	14. MOTHER'S MAIDEN	NAME				
	Isaac T	nomas				Martha	天	Brown			
		ER IN U.S. ARMED FOR		CIAL SECURITY NO.	17. IN	IFORMANT		Address			
l'	No	, 3110 110101 01030130		known	Н	spital Reco	rds				
	18. CAUSE OF	DEATH [Enter only one	cause per line	for (e), (b), and (c).]						NTERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	Cer	rebral Hem	orrh	age			0	NSEI AND	DEATH
	1111	DUE TO									
	Conditions, if on	20	Hyrne	rtencive	Cand	iovascular	Digeas	20			
	geve rise to immed	fiete cause	TIN De	T CEIDINE	varu	TOVASCULAL .	DISCUE				
	(e), stating the	underlying DUE TO									
1,	cause last.	D SIGNIFICANT CONDI	TIONS CONTRI	INITING TO DEATH I	BUT NOT	RELATED TO THE TERMIN	NAI DISEAS	E CONDITION GIV	EN IN PART 1(a)	10 WAS	AUTOPSY
Î	PAKI II. OINI			11121	t ne	midiegia				PERF	ORMED!
A DE	Chronic					Cerebral Ar				YES _	NO NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OF	CCURED.	(Enter nature of injury in	Part I or Part	f II of (fem IB.)			
MEDICAL	20c. TIME OF INJ Hour e.m.	URY Month, Dey, Yee	While et work	Not While -		E OF INJURY (Home, fern ry, street_office_blda_, etc		City or town)	(County)		(State)
1		that (I) (this hospit	al) attender	d the deceased	from	12/14	1961	. 2/28	1962,	that (I)	(we) last
	//	and alive /	2/28			death occured at	10			, ,	, , ,
	saw the decea	ised alive of		, and	ı ınaı	oearn occured area	Y.J./VI, IFC	out the causes	and on the c		b. DATE
	22a SIGNATURE	11146	-//	1864		DUNG THE F	MED.	STAFF		, ,	SIGNED
	N N N N N N N N N N N N N N N N N N N	a fin	1 /	1	J.M.	22d, ADDRESS	DIRECTOR	PHYS.		2/1/	62
	NAME (Type	/	McHenry	Mapp, M.	D.		ville	State Ho	spital,	Maryl	and
2	Se. BURIAL, CREMA	May 5/	CZ 2	Sharpto		CREMATORY Cometing	23d 10	CATION (City, 10	Mari	glas	State)
2	4 -FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS /	,	25e/ REC	C'D BY REG	ISTRAR 25b. RE	GISTRAR'S SIGN	ATURE	
	Marin	, V. Welle	ain -	Chisful	vin	med, DATE W	8 gar	'62	irilium & Th	tail.	
-						3	1000		2227001 20, 700		

4 , 8 and it. and the said The state of the contract of the state of th 

1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01505 CERTIFICATE OF DEATH
urs after e funera 2 should	M)	1. PLACE OF DEATH a. COUNTY USE Crundel, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY  D. G.  MARYLAND
24 ho in by th	3	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town)  Cources town
ly fife.	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)    d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?   YES   NO
omplete omplete in 72 l		3. NAME OF DECEASED (Type or print) Keth Lamarr Thompson DEATH Feb. 3 1962
n and carbor ant, with		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years last birthday)   NOV. 26-1961   9. AGE (In years last birthday)   Hours   Min.
certifica physicia remove any eve		10e. USUAL OCCUPATION (Give and of work done during most of working life, avan if retired)  10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  11c. MOTHER'S MADEN NAME  11c. MOTHER'S MADEN NAME
death nding p	T	John Thompson Lorretta B. Offer
hat the the atte t. Then moval,		(Yes, no, or unkown) (If yes giva wer or dates of servica) I pretta BiThompson Churchton Mc
hysician ned by it permi		18. CAUSE OF DEATH (Enter only one cause bas line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Letty Carter and DEATH  3 Cays
ding peen signal-trans		Conditions, if any, which (b) Infantile dearrhea (diarrhea) 2 weeks
N: The or atter or atter b has burily couriel, c		(e), stating the underlying DUE TO causa last. (c)
ospital ertificate use as trior to I	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a)  PRATT II. OTHER
G PHY by the barthis cond for ealth p		OP. CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING AUSE OF DEATH  OF CONTRIBUTING AUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH
ENDIN tained to R: After a detach		Hour e.m.  p.m.  19 At work at work
R ATTI		21. I certify that (I) (this hospital) attended the deceased from Feb., 19.67 to Feb. 3, 19.67 that (I) (wa) las saw the deceased alive on Feb., and that death occurred at 7.4 M, from the causes and on the date stated above
May DIR		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  22c. PHYSICIAN'S  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS
HOSPIT leath. Pag FUNEK irector, pa	1	NAME (Type) NILLARD F. SMITH, MD Shocky Side, Md  238, BURIAL, CREMATION, 236, DATE THEREOF 23c/NAME OF CEMETERY OF CREMATORY 23d/OGATION (City, town or country) (Signal)
OP OF A	R	BUNIAL 2-5-1962 ST. Mattrews Shady Side Of Company of Flyneray prector's Signature Address 250, REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
15M 7/61	20	Villian Reese #. and of de of 162 arthur S. Kraus

9.45.11 VIVAN 1200 PARLE FOLDER LAND LAND SECTION SECTION SECTION er death

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

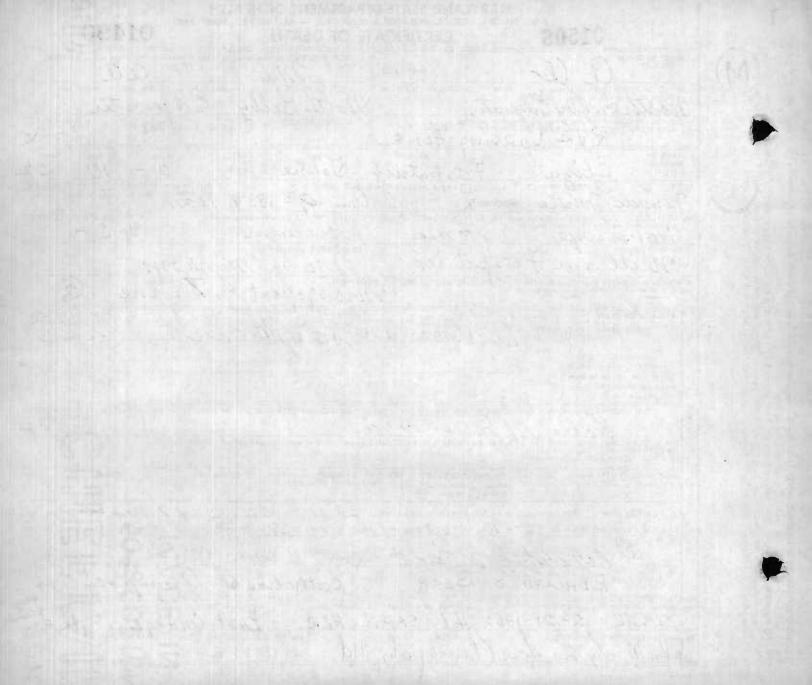
04400

arihan & Tuna

1	OTOOP THOM CEK	CITICALE OF DEATH	01430
		MARYLAND 2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence before admission) b. COUNTY  A  A
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF RURAL and give negrest town)	Morth del	utside corporate lights, write RURAL and give nearest town)
	OR INSTITUTION TO THE PROPERTY OF THE PROPERTY	d. STREET ADDRESS	(on the Bay)    Second Farm? YES   NO X
	(Type or print) Eliza Fitzpe	atrick Tighe	4. DATE Month Day Year OF DEATH 2 - 17 1962
	Finale White WIDOWED DIV		9. AGE (In yeors lost birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	e Irelan	2. S.A.
	13. FATHER'S NAME William 7 itz patrie	h Mary	Marron
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. SOCIAL SECURIT	ITY NO. 17. INFORMANT Robe	it S. Phorne 2
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoting the under-lying cause lost.  (c)	rearelie Heart Me	INTERVAL BETWEEN ONSET AND DEATH
)	_	TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
		JURY OCCURRED. (Enter nature of injury in P	'art I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRE Haur o. m. While Not while at wark of wark [	factory street office bldg ato	, 20f. (City or town) (Caunty) (State)
	21. I certify that (1) (this haspital) attended the deceased saw the deceased alive on 2 - 16 196.7		M, from the couses and on the date stated above.
,	22c. PHYSICIAN'S LUCATED TO THE	M.D. ATTENDING ME PHYS. DIE	ED. STAFF SIGNED
	NAME (Type) EDWARD S. BECI	K Ruthedr	al St Amapolis mel
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify) 2-21-1962 Holy  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	SEPULCHER	23d LOCATION (City, town, or county)  PAST ORAWGE  D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DATE FEB 21

TO HOSPITAL OR may be refai VR A1S (4) 15M 9/59



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01507 CERTIFICATE OF DEATH within 24 hours aft PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) Anne Arundel b. COUNTY the d 2 Maryland MARYLAND Baltimore City b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crownsville 1 mo. 7 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO PA 1753 Mullekin Street 3. NAME OF 4. DATE Month Middle DECEASED OF Uzzle 19 62 George (Type or print) DEATH and col 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED S. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Hours Male Negro November 1, 1901 WIDOWED [ DIVORCED attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Maryland U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Uzzle Susan 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) attending physician. No Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed IMMEDIATE CAUSE (a) Uremia nehydration and Inanition Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

Chronic Brain Syndrome Associated with Cerebral Arteriosclerosis

PERFORMENT CERTIFICATION 9 NO DE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by the DIRECTOR: After this should be detached for WEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work | at work 1962 to 19.62 that (I) (we) last 19.62, and that death occurred a Da.M., from the causes and on the date stated above ORO 22b. DATE 22a. SIGNATURE ATTENDING 13/852NED PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNER Benedict. M. NAME (Type) filed v Crownsville State Hospital, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) O P REMOVAL (Specify) rom BUT 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS &-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SHELD	HYASO TO IT!			SECTE	
	Maria Name and Control				Euro -
- A					
	,				y mas
		Ą	0.	a a	
	the Other Indiana				
• •				•	La mission
		- 1			
		15k 137k			

## death. Pag may be retained by the hospital or attending physician. O FUNEXA. DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fleathed for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL. death. Pag director, page (\*) be filed with the

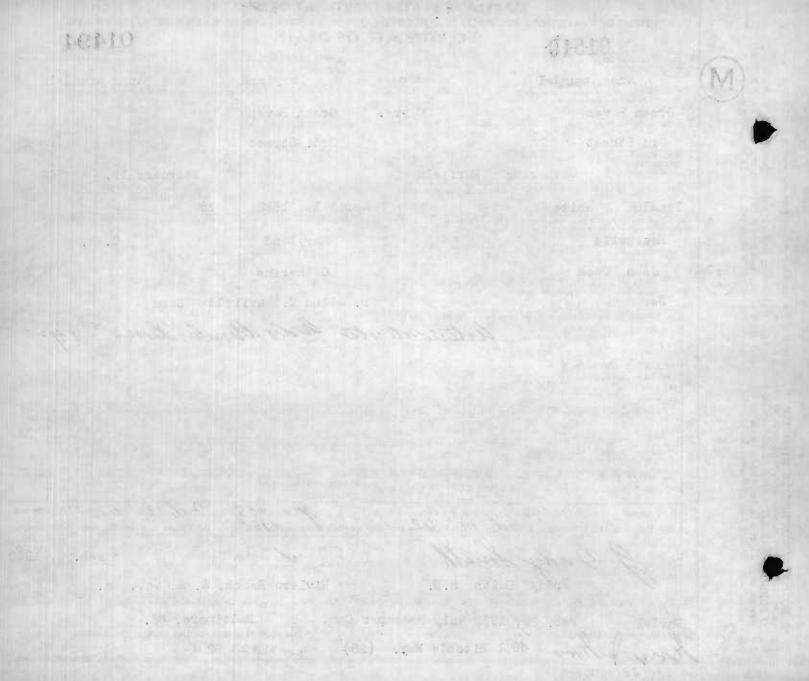
15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01500 CERTIFICATE OF DEATH 01493 01509

1. PLACE OF DEATH	A.A.			1	STATE		decessed lived, I b. COU	NTY		edmission)
b. CITY OR TOWN (	if outside corporete lim	its, c. Ll	MARYLAND ENGTH OF STAY IN 16	0	Maryla CITY OR TOWN (		orporete limits, wri		A.A. give neerest to	own)
	en Burnie			. X	Glen Bu	urnie				
d. NAME OF HOSPI	TAL OR INSTITUTION	(if not in hospitel, g	ive street eddress)	1	. STREET ADDRESS					RESIDENCE N A FARM?
113 Ferno	lale Road				3 Fernda	ale Av	venue			NOX
3. NAME OF DECEASED	First		Middle		Lest	4. DAT	E Mon	th	Dey Y	100
(Type or print)		abeth	R	Ve	orhese	DEA	TH Febr	uary	13 1	9 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	OF BIRTH		9. AGE (In year			ER 24 HRS.
Female	White	WIDOWEDX	DIVORCED 🗌	May	25, 1892		69 yrs.	Months D	ays Hours	Min.
1De. USUAL OCCUPAT			F BUSINESS OR INDUS	TRY 11.	BIRTHPLACE (Cour	nty & State,	or foreign country	) 12. CITIZ	EN OF WHAT	COUNTRY
Housewife		00)			South Car	rolina	a	Ţ	J.S.A.	
13. FATHER'S NAME				14. /	OTHER'S MAIDEN	NAME	I I I I			
Samue	el K. Gallo	way .			Alice Cl:	iburn				
IS. WAS DECEASED EV	ER IN U.S. ARMED FO	RCES?   16. SOCIA	AL SECURITY NO. 17.	INFO	MANT		Addre	is		
(Yes, no, or unkown) (	If yesgive weror detes of	noi	ne V	Im. C.	Voorhese	.113 F	Ferndale	Road G	len Bur	nie.Me
Conditions, if engage rise to immed (e), stating the uceuse lest.	iate ceuse Inderlying  Out To	cear	etil sel	rea		tax RX	tash		2	gr
ICATIO	R SIGNIFICANT COND					110		YEN IN PARI	YES T	FORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		HOW INJURY OCCUR	ED. (Enter	neture of injury in	Pert I or Pe	ort II of item 18.)			
20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Dey, Yo	While N			INJURY (Home, farment, office bldg., etc.)		City or town)	(Coun	1	(Stete)
	that (I) (this hosp sed alive on	ital) attended t	the deceased from19.	at deat	h occured at	30,, 130, fr	om the causes	and on th	ne date sta	
22e. SIGNATURE	19 Lai	Haits	- Mis	M.D.		MED. DIRECTOR	STAFF PHYS.		7	SIGNED
MAME (Type	Joseph G	Laukaii			679 Wash					
23e. BUNAL, CREMAT REMOVAL (Specify BURIAL			New Cath		EMATORY L Cemeter		Baltimo			(State)
24 FUNERAL DIRECTO			ADDRESS				GISTRAR 25b. R			
Wm.Cook, In	nc., 1217 S	t.Paul S'	Treet, Balt:	imore	2 DATEFE	EB 16	62 0	rthur S. 9	Times	

128		DIVISION C	OF STATISTICAL	RESEARC					T, BALTIMO	RE 1, MARY	LAND	
- T			01510		CERTIFICA	TE O	F DEA	TH		014	94	
should		PLACE OF DEAT				2.	USUAL RES	SIDENCE (What	ra daceased lived, l		nce before	dmission)
54 (M)		a. COUNTY Ann	e Arundel		MARYLAN	D	a. STATE	arvland	b. COU	Anne A	rundal	
ニッま	1	b. CITY OR TOWN	(if outside corporete limit	5,	c. LENGTH OF STAY IN				corporate limits, wri			
e de a	10	Green Ha	d give neerest town)		20 yrs	X	amoon	Haven				
affe /	-		ITAL OR INSTITUTION (ii	f not in hospi	al, give streat address)		d. STREET AD					ESIDENCE
Sin /		3rd Str					3rd	Street				A FARM?
	3.	NAME OF	First		Middle		Last	4. DA	TE Mon	th De		-
		DECEASED (Typa or print)	Catherin	ne W	arfield			OF DEA	TH Febru	ary 19,	196	30
	5.	SEX			NEVER MARRIED	T   B. DA	TE OF BIRTH			IF UNDER 1 YEAR		
		Wama I .		WIDOWED		1	7/	2007	last birthday)		Hours	Min.
		Female USUAL OCCUPAT	White   TION (Give kind of work		D OF BUSINESS OR INDI	- de	ril 14,		1 0	1 12. CITIZEN	OF WHAT	OUNTRY?
	do	na during most of w	orking life, even if retired	d)	or book too ok hip	O STATE IT			., or foldigit country			
	13	Housewi FATHER'S NAME	re			1 14	Mary Mother's M			U.	S	
	"					14.		7				
T)	15		COOK VER IN U.S. ARMED FOR	CES2   14 S	OCIAL SECURITY NO 1 1	7 INIEC		erine !	Addre			
2	(Ye	s, no, or unkown)	(If yes give war or dates of se	ervice)	SCIAL SECORITI NO.			<b>m</b>				
		7// 0	D. D. C.			Mr.	Allen	T. Warfi	eld San		TERVAL BE	Plateral
	1		DEATH [Enter only one TH WAS CAUSED BY:	ceuse per lin	e for (e), (b), end (c).)	0	1	1.1. /	mulano		NSET AND	
			IMMEDIATE CAUSE (0)_	u	recione	colle		als va	mulas o	under	14	ns.
		7	DUE TO							100	/	
		Conditions, if en							_			
	18	geva rise to immed (e), stating the										
		ceuse last.	) (c)_									
2	NO NO	PART II. OTHE	ER SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BU	T NOT REI	LATED TO THE	TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(e)	19. WAS A	ORMED?
0	CATION										YES _	NO D
	CERTIFIC		VAS UNDERLYING A	20b. DESC	RIBE HOW INJURY OCC	URED. (Ent	er nature of in	jury in Pert I or F	Pert II of item 18.)			
		(IF EITHER, NOTIF)	MEDICAL EXAMINER)									35 14
	MEDICAL	20c. TIME OF INJ	URY Month, Dey, Yee				F INJURY (Hostreet, office bl		(City or town)	(County)		(State)
	MED	Hour a.m.	19	While et work	Not While et work	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1				
		21. I certify	that (I) (this hospit	al), attende	ed the deceased fr	om	an	1955	to 2.	19., 19/2	that (I)	(we) last
	Ш		ased alive on	11 1	9 1962 and	that dea	ath occured	aV015MA	from the causes	and on the	date state	d above.
		22e. SIGNATURE		1)	10							DATE
		6	Drades	In.	ith	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	F	eb.20	SIGNED 1862
		22c. PHYSICIAN'S	s	21,00	41	711.01	22d. ADDRE	SS				
1		NAME (Type	e) Brady	Smith	M.D.		Rivi	era Beac	h, A. A.	Co., Md.		
	23	BURIAL, CREMA	TION, 236. DATE THER	REOF	23c. NAME OF CEMET	ERY OR C			LOCATION (City, 1			tate)
		REMOVAL (Specify	1		Holy Redeen			Ba	ltimore, l	4d.		
0	24	Burial DIRECTO		2000	ADDRESS		2		EGISTRAR 25b. R		ATURE	
· K		4	1/	001 Ri	tchie Hwy.	(25	. 1	ATE FEB 2		Inthun & A		
71)	1/	Louge y	1-20				19			A. 10		



ppi)	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH A	- CONTRACTOR OF THE	
		TE OF DEATH	01495
	1. PLACE OF DEATH O. COUNTY ANNE AVUILLE MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	ssed lived. If institution: Residence before admission) b. COUNTY A A
	b. CITY OR TOWN (If outside corporate limits, write RYRAL and give nearest town)  ALLEYSUILLE Md.	X Benfield	prote limits, write RURAL and give nearest town)  - Melle-eville
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION KUSLLWOOD MANOY	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Florence Rosen	Walson DEA	TH 2-/3-62-19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH FEC-16, 1881.	9. AGE (In yeors lost birthdoy)  White the second s
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  13. FATHER'S NAME	Hellpond	12. CITIZEN OF WHAT COUNTRY?
)	Wm. S. Kasin	14. MOTHER'S MAIDEN NAME  ONGEL C	varsen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no. or unknown)  [If yes give wor or object of service)  [If yes give wor or object of service)	James Neitson	Benfield Rd. Millerine
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o):	Hemorrh	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate DUE TO	ine C.V. de	HEONE
	lying couse lost. (c)	tereselere	des
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	ity or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 2 - 8 - 1960 Z and that a	-145	m the causes and an the date stated above.
		M.D. ATTENDING MED. DIRECTOR [	STAFF PHYS. 2 -/3 CS
	22c. PHYSTOJAN'S) WAME YNDS Obers R. Halm	Severna	Park ruel
	- ROTH TO	- 0-40-11	CATION (City, town, or county)  TILL POND, MD
	Victor N. Kennedy STILL POND,	MD. 250. REC'D BY REG DATE FEB 1 6	
	/		

26440 ALTO SULVENIENCE SERVICE SERVI

DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01512 DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Whara dacaasad livade If institution, Rasidance before admission) ACGAC MARYLAND c. LENGTH OF STAY IN 16 (If outside corporate limits, writa RURAL and give nearast town) aarast town) more. HOSPITAL OR INSTITUTION (if not in hospital, give straet address) a. IS RESIDENCE ON A FARM YES NO NAMEOF Middle DATE DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days Hours WIDOWED DIVORCED 1Da, USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address prunkown) | (If yas giva war or datas of sarvica) 18. CAUSE OF DEATH (Enter only one cause pa Alina for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) diovascular Renal Visease DUE TO Conditions, if any, which gave rise to Immadiata cause DUE TO (a), stating the underlying causa last. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION \*PERFORMED? as o 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH for MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 2Df. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a. at work at work 19 19 that (I) (we) last certify that (1) (this hospital attended the deceased from. and that death occured from the causes and on the date stated above, ATTENDING MED DIRECTOR PHYS. PHYS. M.D. page with t PHYSICIAN death. Page 23d. LOCATION (City, toyed or county) 23a, BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF GEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thous 15M 9/60

24

within

the

HOSPITA

SHILL 4 25 The state of the s The state of the state of The Day Some Sylvenia Continue Secretary of the stage of the A series and a legislature of the series 13 13/12/11 A Secretary There dely be with Type to sace the die and he kesel through The many of the Sightles are Cheen from Systems de A Contratheren 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY necessary, actor. Page files. Health, e. STATE b. COUNTY Anne Arundel County MARYLAND Maryland Anne Arundel
c. CITY OR TOWN If outside corporete limits, write RURAL end give neerest town b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 귕 Baltimore 25 Baltimore 25 Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? iould be executed within 24 hours after death. If any delay, 'in pencil in Item 18. Give Pages 1, 2, and 3 to the funery Office along with form PM3. Page 5 may be retained belay-transit permit. File pages 1 and 2 with the State B moyal, and in any eyent, within 72 hours after death. YES NO Regatta Avenue, Terrace 3. NAME OF Dev Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED X lest birthday) Months Deys Hours WIDOWED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Draftsman U. S. A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wise Simon certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Mrs. H. P. Packert, 2308 Poplar Dr. Balto. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cirrhosis of Liver IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if eny, which (b) "pending" geve rise to immediate cause S TO DUE TO is the certificate, writing the word "pendin forwarded to the Chief Medical Examiner. I DIRECTOR: Page 3 should be used as ated agent, prior to burial, cremation, or r (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic Cardiovascular Disease YES NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion DICAL death resulted from: Natural causes X Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER X DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) NAME (Type) HOWARD G. SHAUB M. D. Addi Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 2/24/62 Loudon Park Cemetery Baltimore, Maryland Gremation 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME anthur S. France Ellsworth Armacost 4600 Liberty Heights Ave. DATE 27'62 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

ydnour zejeura mire

Access later is a few man and a few man and a few man and a few man a few ma

Very LE to alsomerally with all

TOWNER, DENSE, DENSE, D.

PERSONAL TOTAL TOTAL TERM THE STATE OF THE S

. Variable of the second of th

somit:

C Substantian

White the life the

Territor Parkert, 2008 Learn 19. P. Parker 1

TO HOSPITAL OR May be retain TO FUNERAL BY

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01498

01514 CERTIFICATE OF DEATH	100				
1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of	nce befare admission) ne Arundel				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	give nearest town)				
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Plaza Manor Nursing Home Rt.2 Holly Beach Farm	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First Middle Last 4. DATE Month	Doy Year				
(Type or print) John Wright Grant February 2	3, 1962				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years last birthdoy) Manths	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.				
Male Colored WIDOWED DIVORCED 4-11-1871 90 yrs.	4 1				
during most of warking life, even if retired)	IIZEŇ OF WHAT COUNTRY?				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7 10 11 1				
Unknown Katie Wright					
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address					
No (If yes, give wor or dates of service) 212-18-7827A Mrs. H.A.Parr, 111 Rt.2 Holly Beac	h Farm, Annap				
18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Meatastatic pulmonary carcinoma  1 yr.?					
Canditions, if any which gave rise to immediate (b) Carcinoma of prostate	3 yrs. ?				
couse (a), stating the <u>under</u> lying couse last.  (c)  (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NONE				
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Volume Place Of Injury (Home, form, P					
21. I certify that (I) (this bospital) attended the deceased fram 2-6-1960 19 ta 2-23-1962 19 that (I) (we saw the deceased alive an 2-17-1962 19 and that death accurred at 10PM, from the causes and an the date stated of the causes are caused of the causes and an the date stated of the causes are caused of the causes and an the date stated of the causes are caused of the					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY AND A POLIS -	M d (Stote)				
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS any apoling 250. REC'D BY REGISTRAR'S S  Charalon & H. C. R. III. Maryland DATE MAR 2'62  Charalon & Character DATE MAR 2'62	E. Thomas				
The hand of the state of the st					

BELLO Ber Copulation and Marie Contact Colored a construction of alignment . Res GE. arcyl Manual of Mary Property of the Control of the Contr 2 . N. Truck Service III . address content of reconstruction and and . T. . STORE THE PARTY OF THE P Company of the second

iled with	L	01515 CERTIFICATE OF DEATH Reg. Dig PM- 4 O O								
M	1.	PLACE OF DEATH  o. COUNTY Anne Arundel MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYNNE Arundel							
IVI		b. CITY OR TOWN (If outside carporate limits, write RURAL and give neprest town)  MILETS VIIIE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis							
94	1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NOWILLINGWOOD Nursing Home	d. STREET ADDRESS 1993 Fairfax Rd.  e. IS RESIDENCE ON A FARM? YES NO FA							
	3.	NAME OF First Middle DECEASED (Type or print) SYLVESTER CARL YOUNGREN	1 22							
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED D	3. DATE OF BIRTH 3. July 29, 1886  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.							
		u. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  USN  USN	Boston, Mass USA							
(I)		father's name Unknown	14. MOTHER'S MAIDEN NAME Unknown							
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes WW I none	7. INFORMANT Address  Mrs Lottie G. Youngren- Wife- same as # 2							
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  DUE TO	factors Interval Between Onset and Death mently							
		Conditions, if any, which gave rise to immediate cause (a), storing the under-	lesoti beard desease years							
0	CATION	, (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO X							
	CERTIFI	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Port II of item 18.)							
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (Stole)							
		21. I certify that I attended the deceased from 2/19/alive on 1962, and that dec	ath accurred at 1 101 CM, from the causes and an the date stated abave							
1	To the second	ACTUAL G. Colored.	M.D							
		NAME (Type) Dr. Gerard Church MD  - BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY								
Ro	-	REMOVAL (Specify) February 27, 62 Baltimore FUNERAL DIRECTOR'S SIGNATURE ADDRESS	National Baltimore, Maryland  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE							
B	1	pping Funeral flome Annapolis, Md.	DATE FFR 2 7 '62 Oathur & thouse							

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

